**Counseling Form** 

CONSULTION.	Counseling Date: 23/1/2029
Name of Employee:	Job Title: C-HW
Supervisor Name: Albila Innel	Supervisor Title: A.5
Job Location:	Incident Date/Performance Period:
This counseling session is being held because of the following;  Attendance/ Absenteeism	
Corrective Action:	2 ( 2 1 2 ) of 1 2 1 2 2 3 of 1 2 1 2 2 3 6
Employee Comments: Coursling 2 5 (m) ~ and 21) / lugit of me on	
Counseling is intended to be a constructive process to assist you to identify, discuss and remedy aspects of your job performance or conduct that need improvement. As noted above, these aspects have been discussed with you and require your immediate attention.	
Signature of Employee / Date Date Original to: Employee	Signature of Supervisor
Copies to: Employee's Official Personnel File in Hui Immediate Supervisor	man Resources