

## Counseling Form

TRAINING  
CONSULTING

Counseling Date: 23-1-2024

Name of Employee: <u>Rakhsana, Kassi</u>	Job Title: <u>C.H.W</u>
Supervisor Name: <u>Asmat ulah</u>	Supervisor Title: <u>A.S</u>
Job Location: <u>Saudi</u>	Incident Date/Performance Period:

This counseling session is being held because of the following:

- Attendance/Absenteeism    Insubordination    Poor Performance  
 Non Serious and Casual Attitude    Tardiness and Late Comer    Weak Supervision Skills  
 Violation of leave policy    Unprofessional Attitude    Neglect of Duty  
 Other (Specify) \_\_\_\_\_

Nature of Incident: \_\_\_\_\_

کونسلنگ سیشن

Corrective Action: \_\_\_\_\_

آپ لوگوں کے آئے سے ہمیں بہت اچھا لگے اور آپس میں

جو مسئلہ تھے وہ حل ہو گئے ہیں ایک دوسرے کے ساتھ  
اچھے اور فریڈ میں بات کرنے ہو گئے

Employee Comments: \_\_\_\_\_

میں شکر آپ لوگوں کے آنے کا میں بہت اچھی  
اچھی باتیں بتانے شکر

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.

Failure to correct your conduct/performance may lead to further administrative action including discipline.

Signature of Employee / Date 23-01-24

Date

Signature of Supervisor /

Original to: Employee  
Copies to: Employee's Official Personnel File in Human Resources  
Immediate Supervisor