

## Counseling Form

TRAINING  
CONSULTING

Counseling Date: 23/1/24

Name of Employee: <u>Sadia Bibi</u>	Job Title: <u>CHW</u>
Supervisor Name: <u>Asmat Ullah</u>	Supervisor Title: <u>AS</u>
Job Location: <u>Samli</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: کو نسل سبب

Corrective Action: سر آپ کو آئے رہ آپ لوگوں نے بہت اچھا لیا ہمارا ڈر ختم ہوا اور آپس میں جو مسئلے تھے وہ حل ہو گئے ایک دوسری کو پتا چلا کہ ہمیں کیا کرنا ہے آپ لوگوں کا بہت شکریہ کہ آپ لوگ آئے

Employee Comments: بہت شکریہ آپ لوگوں نے اے کا اور آپ لوگ خوش رہو آماد رہو

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.

Sadia  
Signature of Employee / Date

[Signature]  
Signature of Supervisor /

Date

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