

Counseling Form

TRAINING
CONSULTING

Counseling Date: 23-1-24

Name of Employee: <u>Sulaiman</u>	Job Title: <u>CH-CC</u>
Supervisor Name: <u>علی</u>	Supervisor Title: <u>A-S</u>
Job Location:	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: لا نسلک لین
ہم نے یہ سلیما ہے نہ ہمیں ایسا دوسرے کی شہادتیں کرو چاہیں

Corrective Action: _____

Employee Comments: اس پر دو گرام میں میرا نے یہ سلیما ہے نہ ایسا دوسرے
میں دہر کرنا چاہیے

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.

Sulaiman
Signature of Employee / Date

Date

[Signature]
Signature of Supervisor /

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