

# Counseling Form

TRAINING & CONSULTING

Counseling Date: 23-01-2024

Name of Employee: <u>Sanaullah</u>	Job Title: <u>UCPO</u>
Supervisor Name: <u>Ghulam Mohammed</u>	Supervisor Title: <u>UC lead (UCPO)</u>
Job Location: <u>UC Samali</u>	Incident Date/Performance Period: <u>23/01/2024</u>

This counseling session is being held because of the following;

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

Nature of Incident: Counseling session in UC Samali

Corrective Action: A positive activity for UC and for consideration of the UC staff and subordinates.

Employee Comments: I would like to see such activity be held oftenly in each UC.

I am thankful to all staff of UC for supporting us in this regard. Thanks You!!

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]  
Signature of Employee / Date

Date: 23/01/2024

[Signature]  
Signature of Supervisor /

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