

Counseling Form

Counseling Date: 23/1/24

Name of Employee: <u>Shahana</u>	Job Title: <u>CHW</u>
Supervisor Name: <u>Atta Khan</u>	Supervisor Title: <u>AS</u>
Job Location:	Incident Date/Performance Period: <u>23/1/24</u>

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: counseling session UC Samali

Corrective Action: _____

آج کے دن میں تم کو سنا رہی ہوں کہ تم نے جو کچھ باتیں سرے کی ہمارے ساتھ کر کے
کی ہیں میں اچھے ہیں لیکن اور آگے ایسی غلطیوں میں ہوتی ہیں انہیں

Employee Comments: _____

بھینہ اس طرح کروگرام ہو جا جائے

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.

Shahana
Signature of Employee / Date

Date

[Signature]
Signature of Supervisor /

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