## **Counseling Form**

TRAINING CONSULTING	Counseling Date: 23.1-024
Name of Employee:	Job Title:
Survivor Names 2 P & Min 8	C.HW
Supervisor Name:	Supervisor Title:
Job Location:	Incident Date/Performance Period:
This counseling session is being held because of Attendance/Absenteeism	n □ Poor Performance and Late Comer□ Weak Supervision Skills onal Attitude □ Neglect of Duty
Corrective Action: من الله دو سم	سى غلاقىيان الاورىيونى س
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Employee Comments:	
(Joyce)	and II Daying brooks
Counseling is intended to be a constructive process to performance or conduct that need improvement. As note your immediate attention.	assist you to identify, discuss and remedy aspects of your jobed above, these aspects have been discussed with you and require
Failure to correct your conduct/performance may l	ead to further administrative action including discipline.
Signature of Employee / Date  Date	Signature of Supervisor
Original to: Employee Copies to: Employee's Official Personnel File in Hu Immediate Supervisor	uman Resources