

Counseling Form

TRAINING
CONSULTING

Counseling Date: 23.1.2024

Name of Employee: <u>سجاد</u>	Job Title: <u>C-IV-W</u>
Supervisor Name: <u>عقربان</u>	Supervisor Title: <u>A-S</u>
Job Location: <u>سولہ</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) Stress

Nature of Incident: _____

Counseling Salary

Corrective Action: _____

جس پر اس مسئلہ سے بہت کچھ سیکھا گیا ہے اور اس پر بہتر نوٹس لیا گیا ہے

Employee Comments: _____

انشاء اللہ اس موقع پر بہتر نوٹس لیا گیا ہے اور اس پر بہتر نوٹس لیا گیا ہے

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.

S.M.

Signature of Employee / Date

Date 23.1.2024

[Signature]

Signature of Supervisor /

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