

Employee Counseling Form

Counseling Date: 13-07-2021 @ 4:13 pm

Employee's Full Name: HINA TABASSUM Job Title: UCDO - UC-6

Worksite Employer: CTC Location: LIYARI - SHARBAHULANI

This Counseling is being issued because of the following (Select all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Attendance | <input checked="" type="checkbox"/> Behavior/Teamwork | <input checked="" type="checkbox"/> Inappropriate Conduct |
| <input checked="" type="checkbox"/> Inappropriate Dress | <input type="checkbox"/> Safety Violation | <input type="checkbox"/> Sleeping on the Job |
| <input type="checkbox"/> Substandard Work | <input type="checkbox"/> Violence | <input type="checkbox"/> Other _____ |

Incident Date: 15-06-2021 Time of Incident: 3:30 pm

Describe the nature of the incident (If applicable):

Miss Hina stopped Mr. Shahid after orally him that why he has contacted about her that she is seducing him, without trying to inquire.

Name of Witness (es):

Det. Beenish (District Conviction Officer)

Corrective Action:

- ① ⇒ Behavior/Teamwork explore.
- ② Inappropriate Dressing now disused and ask to follow dress code.
- ③ follow hierarchy and don't interfere with superior.

Employee Comments:

I'm very much comfortable the way I connected I will follow instructions/Advices provided to me.

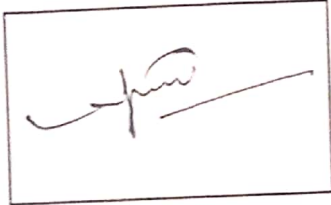


Employee's Signature

Hina Tabasum

Print Name

Date



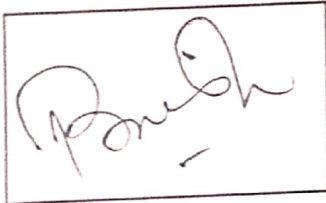
Supervisor's Signature

13-July-2021

Dr. Momin

Print Name

Date 13-07-2021



Witness's Signature

BEENISH MEHMOOD

Print Name

Date 13/7/21