

Counseling Form

Counseling Date: 6/1/2022

Name of Employee: <u>Zaki</u>	Job Title: <u>UCPO</u>
Supervisor Name: <u>Dr. Ahmad</u>	Supervisor Title: <u>Immunezation officer</u>
Job Location: <u>Ghanem stah / Mohmed</u>	Incident Date/Performance Period: <u>6/1/2022</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) Punctuality / Late timely communication

Nature of Incident: _____

Corrective Action: Counseling done, staff is oriented about TDS and job description, oriented about preliminary cost calculation & planning.

Employee Comments: I will make/do improvement next 3 month and I will follow any order of my supervisor

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.

Zaki 6/1/2022
Signature of Employee / Date

[Signature] 6/1/2022
Signature of Supervisor / Date

Original to: Employee