

Counseling Form

Counseling Date: 5/1/2022

Name of Employee: <u>Nazeem</u>	Job Title: <u>UCPO</u>
Supervisor Name: <u>Dr. Adnan</u>	Supervisor Title: <u>IO</u>
Job Location: <u>Warsale/Mohmand</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) Late submission of docs pre/post complete

Nature of Incident: _____

Corrective Action: Explanation called, orientation and counseling done. Made him bound to report on daily basis to I/O and share activities timely.

Employee Comments: I am agree with my supervisor action being done. I will manage my communication equipments to receive instruction from supervisor. I will be careful in future.

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.

Nazeem
05/01/2022
Signature of Employee / Date

[Signature] 5/1/2022
Signature of Supervisor / Date

Original to: Employee