

### Counseling Form

Counseling Date: 10/1/2022

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| Name of Employee: <u>Abdul Rasheed Saifi</u> | Job Title: <u>UCPO</u>                             |
| Supervisor Name: <u>Dr. Adnan Ali Khan</u>   | Supervisor Title: <u>Immigration office</u>        |
| Job Location: <u>Sandochel Mohmand</u>       | Incident Date/Performance Period: <u>10/1/2022</u> |

This counseling session is being held because of the following:

- Attendance/Absenteeism
- Non Serious and Casual Attitude
- Violation of leave policy
- Other (Specify) Punctuality
- Insubordination
- Tardiness and Late Comer
- Unprofessional Attitude
- Poor Performance
- Weak Supervision Skills
- Neglect of Duty

Nature of Incident: \_\_\_\_\_

Corrective Action: Counseling done, TOR Explained to staff oriented about Job description and Responsibilities. Issues discussed and ~~was~~ guided about my acts.

Employee Comments: I will improve my self in mentioned gaps which is identified by my 1st level supervisor and I will try my best to perform upto the mark

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.

[Signature]  
Signature of Employee / Date

[Signature] / 10-1-2022  
Signature of Supervisor / Date

Original to: Employee