

Counseling Form

Counseling Date: 10/1/22

Name of Employee: <u>Shamindyanan</u>	Job Title: <u>UCPO</u>
Supervisor Name: <u>Dr. Adnan Ali Khan</u>	Supervisor Title: <u>Immigration officer</u>
Job Location: <u>Mumtaz / Mohamud</u>	Incident Date/Performance Period: <u>10/1/2022</u>

This counseling session is being held because of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Attendance/Absenteeism | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Poor Performance |
| <input type="checkbox"/> Non Serious and Casual Attitude | <input checked="" type="checkbox"/> Tardiness and Late Comer | <input type="checkbox"/> Weak Supervision Skills |
| <input type="checkbox"/> Violation of leave policy | <input type="checkbox"/> Unprofessional Attitude | <input checked="" type="checkbox"/> Neglect of Duty |
| <input type="checkbox"/> Other (Specify) <u>Punctuality, reliability</u> | | |

Nature of Incident: _____

Corrective Action: Counseling done, Tools and Job description explained to staff, ruled about Responsibility. Discussed gaps, issue identified and guided about requirements.

Employee Comments: I am agree with the comments of my supervisor and i will do my job with honesty.

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.

Adnan Ali Khan 10-01-2022
Signature of Employee / Date

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

Original to: Employee