

Counseling Form

TRAINING &
CONSULTING

Counseling Date: _____

Name of Employee: <u>Khalid Laza</u>	Job Title: <u>UCPO</u>
Supervisor Name: <u>Dr. Mignotay</u>	Supervisor Title: <u>IB</u>
Job Location: <u>South / UC-4 CRC</u>	Incident Date/Performance Period: <u>17-06-2022</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) _____

Nature of Incident: ① Misconduct not reported. ② Cultural
Content work with family member. ③ Misconduct
and undisciplined conduct identified by DDPD.

Corrective Action: Correctly explain conduct with next
visit. He knows to improve the guidance
and in future will be more careful to not
repeat similar incidents.

Employee Comments: I will more careful in future & I will be
take care about their obligation.

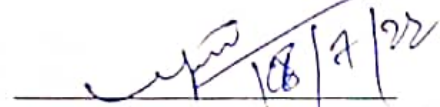
Counseling is intended to be a constructive process to assist you to identify, discuss and remedy aspects of your job performance or conduct that need improvement. As noted above, these aspects have been discussed with you and require your immediate attention.

Failure to correct your conduct/performance may lead to further administrative action including discipline.



Signature of Employee / Date

Date 18.07.2022



Signature of Supervisor /

Original to: Employee
Copies to: Employee's Official Personnel File in Human Resources
Immediate Supervisor