

## Counseling Form

TRAINING &  
CONSULTING

Counseling Date: \_\_\_\_\_

Name of Employee: <u>Sajjad Ali</u>	Job Title: <u>DCPO</u>
Supervisor Name: <u>DR Mehmood Dar</u>	Supervisor Title: <u>SO</u>
Job Location: <u>District South</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) \_\_\_\_\_

Nature of Incident: ① Mingle / Settlement was not made with good results. ② Data was not matched with July data. ③ Budget report / Jaha camp reported. ④ About five field visits / inspection of Engineer of

Corrective Action: Controlled on Multitask area. He advise that I will improve my job over + some professional in future.

Employee Comments: I will improve.

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.

Sajjad Ali  
 15/7/2022  
 Signature of Employee / Date

[Signature]  
 18/7/2022  
 Signature of Supervisor /

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