

Counseling Form

Name of Employee: NASEEM GUL	Counseling Date: _____
Supervisor Name: DR. AHSAN IQBAL	Job Title: UCPO
Job Location: GUNJ	Supervisor Title: IO-WHO
	Incident Date/Performance Period: August 2022

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 reasons: **Interference in matters of other UC / unprofessional conduct.**

Nature of Incident: _____

Corrective Action: **UCPO counseled on Program TORs - and to be careful in the future.**

Employee Comments: **Agreed with the supervisor**

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.

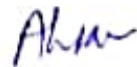
Failure to correct your conduct/performance may lead to further administrative action including discipline.



20/10/22

Signature of Employee / Date

Date



Signature of Supervisor /

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