

### Counseling Form

Counseling Date: 10/8/2022

Name of Employee: <u>Liaqat ALI</u>	Job Title: <u>UCPO</u>
Supervisor Name: <u>Dr. Umar</u>	Supervisor Title: <u>D50</u>
Job Location: <u>Machka</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: Casual Attitude Regarding M.P. updation & boundary clearance & poor performance regarding

responsibility boundary & IP skills management, left meeting training without notification.

Corrective Action: personally sensitised him to pay more attention to his duty he has been working

in this program from last 9 years. Requested TPO/DK to support him & give daily feed back.

Employee Comments: Dear Sir, I will try my best to fulfill my job responsibilities.

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 10/8/2022

[Signature]  
Signature of Supervisor / 10/8/22

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