

Counseling Form

Counseling Date: 20/10/22

Name of Employee: <u>MUHAMMAD ISHAQ</u>	Job Title: <u>UCLO</u>
Supervisor Name: <u>DR. Ahsan Ishaq</u>	Supervisor Title: <u>TO</u>
Job Location: <u>Khalsa-2</u>	Incident Date/Performance Period: <u>October-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: Targetting certain staff members -
and abuse of Authority.

Corrective Action: Staff counselled on avoiding such
actions in forward the job roles.

Employee Comments: directions noted. I will try my best
to remain careful in future.

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.

Muhammad Ishaq

Signature of Employee / Date

Date

Ahsan

Signature of Supervisor /

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