

Counseling Form

Counseling Date: _____

Name of Employee: <u>Zeehan Ali</u>	Job Title: <u>Safety warden</u>
Supervisor Name: <u>Sohail Ahmed</u>	Supervisor Title: <u>Sohail Ahmed</u>
Job Location: <u>District: Mispurkhas Taulka: Dighi</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) Some Behaviour issue

Nature of Incident: Behavioral issue of SW, create hindrance between staff and activities.

Corrective Action: Train him through meeting and some time according to the measuring mechanism to implement significant steps.

Employee Comments: The CW statement actually point out the situation which is not serious. He said is not total his mistake, but situation is control and smooth.

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



Signature of Supervisor /

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