

## Counseling Form

TRAINING &  
COACHING

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

Name of Employee: <u>OBASID Ullah</u>	Job Title: <u>Tehsil Polio OFFICER (TPO)</u>
Supervisor Name: <u>Dr. Nusratullah</u>	Supervisor Title: <u>Area Coordinator</u>
Job Location: <u>Tehsil Masthoon, Awaran</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: \_\_\_\_\_

Corrective Action: \_\_\_\_\_

Employee Comments: As per identification of honorable supervisor my performance was not in order. Therefore, a session conducted by supervisor and briefed us how to fulfill the gaps. The reason behind my poor performance is lack of internet connectivity. That's why I am not shared my plan/report on time. Inshallah, I will covered such gaps and weakness.

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.

  
08/1/22

Signature of Employee / Date

Date

  
Signature: Dr. Nusratullah  
Area Coordinator - HRO  
Kalat Division

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