

Counseling Form

Counseling Date: _____

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| Name of Employee: <i>ALI JAN</i> | Job Title: <i>Tehsil police officer (TPO)</i> |
| Supervisor Name: <i>Dr. Mustaf Ulkhat</i> | Supervisor Title: <i>Area Coordinator (AC)</i> |
| Job Location: <i>Camp Jhaos, Dist Muzaffargarh</i> | 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: *Besides, hardworking and positive aspects, there are always some grounds that need to be improved as our honorable supervisor noticed those shortfalls, and a session was conducted, guided how to overcome those bottlenecks, thereby, lack of internet is also affecting our performances to share and update the things on time. Last but not the least, I will break my back to fill those gaps. Thanking you. 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.

Ali Jan

Signature of Employee / Date
Date *08/12/2022*
Original to: Employee

Dr. Mustaf Ulkhat

Signature of Supervisor /
Dr. Mustaf Ulkhat /
Area Coordinator WHO
Kalat Division