**Counseling Form**

**Counseling Date: 28-12-2022**

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| **Name of Employee: Asif Maqsood** | **Job Title: Safety Warden** |
| **Supervisor Name: M. Akber Zaib** | **Supervisor Title: Supervisor Multan** |
| **Job Location: Rahim Yar Khan** | **Incident Date/Performance Period: 12-12-2022** |

**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:**

It was reported by the TM that one of our safety warden Mr. Asif Maqsood did not comply on Bike/Rikshaw straddling and it was alarming that he caught by CCTV in which fueling the motorbikes by his own without any information and maintaining bike straddling. Another report was received from Trainer Waseem that SW did not engaging customers on bike straddling rather he is sitting and reading newspaper even in peak hours.

**Corrective Action:**

Discussed the whole scenario with SW and remind his job description to better understand duties. He did excuse for not complying and violating the rules. Physically visited the site and counsel him to better perform his duties. Send him Job description format.

**Employee Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I’m apologize for violating the rules and I did not do it again.

*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.**

Asif Maqsood/29-12-2022 Akber Zaib/ 29-12-2022

Signature of Employee / Date Signature of Supervisor / Date

Original to: Employee

Copies to: Employee’s Official Personnel File in Human Resources

Immediate Supervisor