

Counseling Form

Counseling Date: _____

Name of Employee: <u>Rashida</u>	Job Title: <u>UCPO</u>
Supervisor Name: <u>Dr. Mejm Dey</u>	Supervisor Title: <u>IO</u>
Job Location: <u>Clifton - 10 Sodda</u>	Incident Date/Performance Period: <u>Wed, Jan 4 2023</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: _____

ucpo Rashida Counselled Dr. Dey, She has control on
area of equipment and ask to improve her to punctual and
reporting of some work activities.

Corrective Action: _____

She announced to improve herself on performance, following
of company as well as to be punctual. She also promises to
conduct robust meeting and supervision of staff.

Employee Comments: I'll surely try to prove my self best and
in future no any mistake will be done. I'll very sincerely
try to be punctual and very much attentive towards my tasks.

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.

Rashida 4/1/23
Signature of Employee / Date
Date

Dr. Mejm Dey 4/1/2023
Signature of Supervisor /

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