

Counseling Form

Counseling Date: _____

Name of Employee: <i>SONIA KHAN</i>	Job Title: <i>UCPO</i>
Supervisor Name: <i>DL Mejro</i>	Supervisor Title: <i>IO - South</i>
Job Location: <i>Agro 1-1 / Lijori</i>	Incident Date/Performance Period: <i>July - DECEMBER 2022</i>

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: *She has absconded that during croping season and Deduction of Evaluation found under perform. and always late return some reported by DSPD while during holiday of her.*

Corrective Action: *Conductly conducted and issue of improvement written and conduct given to her that come and return some.*

Employee Comments: *counseling session done and I have do good job and also will do hard work -*

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]

Signature of Employee / Date

[Signature]

Signature of Supervisor /

Date

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