

Counseling Form

TRAINING & CONSULTING

Counseling Date: _____

Name of Employee: <u>Shalced</u>	Job Title: <u>UCPO - Challinor</u>
Supervisor Name: <u>Dr. Myron Day</u>	Supervisor Title: <u>DO - South</u>
Job Location: <u>Challinor - 10 hysn Orford South</u>	Incident Date/Performance Period: <u>Jan - December - 2022</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: Being intoxicated and OMC accident and police
charge and it is his solely responsibility to sign the
home/also abs on record he did not pay for possibility.

Corrective Action: Beis courtly cadet and he arrive to
recite the guy and the methand dig evaluation as well
at the camp room.

Employee Comments: Counseling is done and I will improve myself
ahead...

I will have efforts more than better Insha Allah

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 of Employee / Date
[Signature]
Date: 30/12/22

Signature of Supervisor /
[Signature]
Date: 30/12/22

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