**Employee Performance Counseling Form**

**Company Name:** ABC Corporation  
**Address:** 123 Office Park, Karachi, Pakistan  
**Phone:** +92-300-1234567  
**Email:** hr@abccorp.com

**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Job Title:** |  |
| **Department:** |  | **Employee ID:** |  |
| **Date of Counseling:** |  | **Counselor/Supervisor:** |  |

**Reason for Counseling**

*(Check the appropriate box)*

* ☐ Unprofessional behavior
* ☐ Poor performance
* ☐ Attendance issues
* ☐ Violation of company policies
* ☐ Failure to follow instructions
* ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Issue**

*(Describe the behavior or performance problem clearly and objectively.)*

**Example:**  
"Employee has repeatedly missed project deadlines and did not respond to client emails in a timely manner during the last two weeks."

**Description:**

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**Previous Discussions or Warnings (if any)**

|  |  |  |  |
| --- | --- | --- | --- |
| Verbal warning given on: |  | Written warning issued on: |  |

Summary of previous actions:

|  |
| --- |
|  |
|  |

**Expected Improvement**

*(Clearly outline the behavior or performance changes required.)*

**Example:**

* Complete tasks within assigned deadlines.
* Maintain professional communication with team members and clients.

**Required Improvements:**

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**Action Plan**

*(Steps the employee must take and support the company will provide.)*

| **Improvement Area** | **Action Required** | **Support/Resources** | **Deadline** |
| --- | --- | --- | --- |
| Example: Timely task completion | Submit tasks 24 hours before deadlines | Supervisor follow-up | 30 days |

**Consequences if No Improvement Occurs**

*(Clearly state what will happen if the employee fails to improve.)*

**Example:**  
"Failure to show measurable improvement may result in further disciplinary action, up to and including termination.”

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**Employee Comments**

*(Optional)*

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|  |

**Signatures**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |  | Date: |  |
| **Counselor/Supervisor Signature:** |  | Date: |  |
| **HR Representative (if required):** |  |  |  |