

<b>Imagicaaworld Entertainment Limited</b>			Counseling Form
Document	Rev No	Date	
HR Manual	01	01 Jan 2022	

**Counseling Form**

**Date:** \_\_\_\_\_

Date of Incident	
Report Date	
Employee Name & Emp No.	
Department	
Reporting Manager	
Witness Details (Name, Emp No, Dept.) (If any)	

**1) Source of information and Brief description of the incident:**

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**2) Counseling details:**

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**3) Analysis by the Counseling Team and Remarks:**

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**Counseling Team:**

- 1) \_\_\_\_\_ 2) \_\_\_\_\_  
 3) \_\_\_\_\_ 4) \_\_\_\_\_

\_\_\_\_\_  
**Name & Signature (HOD)**

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**Acknowledgement of Employee**

I accept to the details mentioned / improve my performance on the mentioned criteria. I am also aware that in future if I repeat such instances I would be termed as habitual offender and the company can take strictest disciplinary action against me including dismissal.

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**Signature of Employee & Date**

**Name** \_\_\_\_\_

**Note:**

1) *Employee counseling shall be done at Department level.*

*The approach to counseling should be done in an interactive manner. The objective behind the exercise is to prevent further such occurrences and not to demoralize or threaten the employee with punitive action.*

2) *In case of repetitive mistakes and occurrences; the employee shall be issued a Written Warning. A case of two Warnings shall lead to dismissal of services from the Company.*

3) *In case of 'Zero Tolerance' and proved during the investigation; employee can be terminated with immediate effect.*

4) *Copy of the completed Counseling Form with remarks has to be submitted to HR for further necessary action.*