

**EMPLOYEE SELF-REFERRAL COUNSELING SLIP**

TARLAC STATE UNIVERSITY

**HUMAN RESOURCE DEVELOPMENT & MANAGEMENT OFFICE**

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| Name: |
| Date Today: Time: |
| Age: Gender: |
| College/Office: |
| Contact Number: |

*I need to talk to you about*:

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| 🞎Urgent today |  |
| 🞎As soon as possible |  |
| 🞎Can wait for a schedule | Signature |

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| Form No.: TSU-HRD-SF-96 | Revision No.: 00 | Effectivity Date: Aug. 2, 2018 | Page 1 of 1 |



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