

TARLAC STATE UNIVERSITY

**HUMAN RESOURCE DEVELOPMENT & MANAGEMENT OFFICE**

**EMPLOYEE REFERRAL FORM**

*This form serves as a referral device for supervisors to proactively assist their staff experiencing work-related problems affecting their job performance and quality of work-life through the Employee Assistance Program (EAP). This is to be accomplished and submitted to the HRDMO – Employee Relations Unit.*

***This document shall be treated with the strictest confidentiality and care.***

|  |  |  |  |
| --- | --- | --- | --- |
| Office: | | | Date Today: |
| Name of Employee/s: | | | |
|  |  |  | |
| Reasons for Referral (*Background*): | | | |

|  |
| --- |
| What were your initial actions/interventions? |

|  |
| --- |
| What were the results of your initial actions/interventions? |
| What went well? |
| What went wrong? |

|  |
| --- |
| How would you want to be assisted by the HRDMO? |
|  |

|  |
| --- |
| Remarks/Action Plan (*For HR use* *only*): |

|  |  |  |
| --- | --- | --- |
| Signed by Supervisor:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature over Printed Name*  Date: | Acknowledged by Employee/s:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature over Printed Name*  Date: | Received by HR:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Signature over Printed Name*  Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| Form No.: TSU-HRD-SF-100 | Revision No.: 00 | Effectivity Date: August 2, 2018 | Page 1 of 1 |