

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.***

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

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| What were your initial actions/interventions? |

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

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| How would you want to be assisted by the HRDMO?  |
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| Remarks/Action Plan (*For HR use* *only*): |

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| --- | --- | --- |
| 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: |

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