



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 Workplace Mental Health Program (WMHP). This is to be accomplished and submitted to the Employee Welfare Unit of the Office of Human Resource Development and Management.

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

Office:	Date Today:		
Name of Employee/s:			
Reasons for Referral (<i>Background</i>):			
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 (<i>For HR use only</i>):			
Signed by Supervisor: _____ <i>Signature over Printed Name</i> Date:	Acknowledged by Employee: _____ <i>Signature over Printed Name</i> Date:	Received by HR: _____ <i>Signature over Printed Name</i> Date:	
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