



CENTRAL PHILIPPINE UNIVERSITY
Iloilo City, Philippines
HUMAN RESOURCE DEVELOPMENT OFFICE

RECORD OF EMPLOYEE COUNSELING INTERVIEW

Date (MM-DD-YY): _____

Name of Employee _____

College/Dept./Unit: _____ Designation: _____

Nature of Problem/Need: _____ Personal: _____ Work Related

Summary of Problem/Need: (Use back page if needed):

Action Taken to Meet the Problem/Need:

Recommendations:

Signature of Counselor: _____

In case of need for referral

Referrals Made To: _____

Date (MM-DD-YY) _____

Action Taken:

Recommendations:

Name/Signature: _____

Date (MM-DD-YY): _____

Noted: _____

HRD Director