

**Department of Health and Human Services
Commissioned Corps of the U.S. Public Health Service**

Report of Career Counseling Session - Form B - Supervisor Counseling

Instructions: This form is to be completed by the supervisor upon completion of the counseling session with the officer, signed by both the officer and supervisor, and faxed to the Div. of Commissioned Corps Personnel and Readiness (DCCPR) for inclusion in the officer's official personnel folder. Note: submission of this form to DCCPR satisfies the requirement under CCPM 23.4.2, section 6-4, for a career counseling session report as part of the annual COER for those officers in the bottom quartile in the previous promotion year, and also satisfies the requirement to provide a copy of this report to the officer's CPO.

Officer's Rank/Name _____

PHS Serial Number: _____

Date: ____/____/____

Time: _____

Purpose of Counseling

- Probationary period review
- Promotion non-recommend
- Promotion deferral
- Non-selection for Promotion and placement in the lowest quartile
- Referred by CPO for the purposes of (specify) _____

Areas Reviewed

- | | |
|---|---|
| <input type="checkbox"/> Performance | <input type="checkbox"/> Education/Training/Professional Development |
| <input type="checkbox"/> Career Progression & Potential | <input type="checkbox"/> Professional Contribution & Service to Corps |
| <input type="checkbox"/> Response Readiness | <input type="checkbox"/> Other (specify) _____ |

Follow-up steps by the officer/timeframe:

Supervisor Recommendation

- Create an Individual Development Plan
- Seek Employee Assistance
- Additional Training (specify) _____
- Seek a Mentor
- Speak with Agency Liaison
- Other (specify) _____

Signature of Officer

Date

Officer declines to sign form

Name of Supervisor

Signature of Supervisor

Date

Supervisor Phone Number

Supervisor E-mail address

Note: This form is to be faxed to officer's eOPF at Fax Number: **301-480-1436** or **301-480-1407**.