

**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 uploaded via eDOC-U for inclusion in the officer's official personnel folder. Note: submission of this form to the eOPF 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
- Non-selection for Promotion and placement in the lowest quartile
- Non-selection for Promotion and placement in the lowest decile
- 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:**

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**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**

**This form must be uploaded by the officer to his or her eOPF via eDOC-U.**