## 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.

Data	Officer's Rank/Name			PHS Serial Number:	
Date:	<u> </u>	Time:		_	
[ ] Pro [ ] Pro [ ] No					
Areas Revi	iewed				
	rformance		[]	Education/Training/Professio	nal Development
	reer Progression		[]	Professional Contribution &	
[] Re	esponse Readines	S	[]	Other (specify)	
Follow-up s	steps by the offi	cer/timeframe:			
Supervisor	r Recommendat	ion			
_					
[] Cre	eate an Individua	al Development Plan			
[ ] Cre [ ] See	eate an Individua ek Employee As	al Development Plan sistance			
[ ] Cre [ ] See [ ] Ad	eate an Individua ek Employee As Iditional Training	al Development Plan sistance			
[ ] Cre [ ] See [ ] Ad [ ] See	eate an Individua ek Employee Ass Iditional Training ek a Mentor	al Development Plan sistance g (specify)			
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[ ] Cra [ ] Sea [ ] Ad [ ] Sea [ ] Spa	eate an Individua ek Employee Ass Iditional Training ek a Mentor weak with Agency her (specify)	al Development Plan sistance g (specify) y Liaison	Signa [ ] O	ture of Officer	