

# Employee Assistance Alcohol and Drug Referral

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Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Employer \_\_\_\_\_ Employee Job Title \_\_\_\_\_ Dept \_\_\_\_\_

Referred by \_\_\_\_\_ Title \_\_\_\_\_ Ph # \_\_\_\_\_

If you have confidential email, please include \_\_\_\_\_

Check one:  DOT/CDL  Non-DOT

Summary of the Violation: \_\_\_\_\_  
\_\_\_\_\_

## Positive Drug / Alcohol Screen Information

Type of Test:  Random  Probable Cause  Post-accident  On-going Monitoring

Date of Test: \_\_\_\_\_

Tested Positive for: \_\_\_\_\_ Test Levels (if obtained): \_\_\_\_\_

Has Employee been suspended?  Yes  No

Start Date: \_\_\_\_\_ Probable End Date: \_\_\_\_\_

Describe employee's current status. What disciplinary actions and /or consequences can be expected if performance problems continue?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee will call EAP for appt. or  Supervisor will call EAP to set up appt. for employee

**THE ABOVE OBSERVATIONS SHOULD BE DISCUSSED WITH THE EMPLOYEE PRIOR TO THE CONSULTATION WITH THE EAP.**

Above observations discussed with the employee?  Yes on \_\_\_\_\_  No

**Employee's Signature** \_\_\_\_\_

**Referent's Signature** \_\_\_\_\_

**Human Resources / Other** \_\_\_\_\_