SUPERVISOR REFERRAL FORM

Company Name: __________________________________________  Date: _______________________

Employee Name: ______________________________________  Job Title: ______________________

Referred by/Point of Contact for Follow Up & Title: __________________________________________

Phone for Point of Contact: ______________________________

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REASONS FOR REFERRAL

- Excessive absenteeism  (Attach attendance record for past year to show pattern, i.e., Monday/Friday absences)
- Excessive tardiness, leaving early  (record frequency below)
  - Past 6 months
  - Past year
  - Previous year
- Unusual excuses for absenteeism  (specify): ________________________________
- Leaves workplace frequently
- Extends lunch or break periods or vacations
- Other (specify): _______________________________________________________

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JOB PERFORMANCE  (*Explain in Detail*)

- Low quality of work
- Lack of concentration
- Missed deadlines
- Erratic work patterns
- Poor judgment
- Other (specify)
- Excessive errors
- Decreased output

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BEHAVIOR ON THE JOB  (*Explain in Detail*)

- Avoids supervisor and/or co-workers
- Does not communicate with others
- Unusually sensitive to criticism
- Unusually critical of others
- Lacks interest or enthusiasm
- Other (specify)
- Moody
- Disregards safety

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CHANGES IN PHYSICAL APPEARANCE/GROOMING  (*Describe in detail*)

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SUPERVISOR’S EVALUATION  
(*Date of most recent performance evaluation and summary of employee’s job performance at that time.*)

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ADDITIONAL COMMENTS BY REFERRING SUPERVISOR/HR REPRESENTATIVE
(Attach separate pages/documents as appropriate)

Describe employee’s status (i.e., conditions for continued employment; disciplinary action possible or already taken).

Supervisor/Human Resources Representative discussed the above observations with the employee on the following date: _________________________
Date/time by which employee is to contact REACH EAP for appointment: ________________________________

By signing this form, I am allowing REACH EAP to release the following information to the individual(s) listed below: attendance at EAP sessions and compliance with EAP recommendations. [Please print]

Name/Title: __________________________ Phone: __________________________
Name/Title: __________________________ Phone: __________________________

This release expires 120 days from the date of signature unless otherwise specified.

Employee’s Name (printed) Employee’s signature Date
Supervisor’s Name (printed) Supervisor’s signature Date
HR Representative’s Name (printed) HR Representative’s signature Date

Without employee’s signature, no information will be released.

To make an appointment, employee must call 1-800-950-3434.

Fax completed form to
REACH EAP (540) 776-5725