



SUPERVISOR REFERRAL FORM

Company Name: _____ Date: _____

Employee Name: _____ Job Title: _____

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

Phone for Point of Contact: _____

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) : _____

JOB PERFORMANCE (Explain in Detail)

- | | | |
|--|--|---|
| <input type="checkbox"/> Low quality of work | <input type="checkbox"/> Erratic work patterns | <input type="checkbox"/> Excessive errors |
| <input type="checkbox"/> Lack of concentration | <input type="checkbox"/> Poor judgment | <input type="checkbox"/> Decreased output |
| <input type="checkbox"/> Missed deadlines | <input type="checkbox"/> Other (specify) | |

BEHAVIOR ON THE JOB (Explain in Detail)

- | | | |
|--|---|--|
| <input type="checkbox"/> Avoids supervisor and/or co-workers | <input type="checkbox"/> Unusually critical of others | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Does not communicate with others | <input type="checkbox"/> Lacks interest or enthusiasm | <input type="checkbox"/> Disregards safety |
| <input type="checkbox"/> Unusually sensitive to criticism | <input type="checkbox"/> Other (specify) | |

CHANGES IN PHYSICAL APPEARANCE/GROOMING (Describe in detail)

SUPERVISOR'S EVALUATION

(Date of most recent performance evaluation and summary of employee's job performance at that time.)

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**