

Employee Assistance Alcohol and Drug Referral

All Points EAP & Organizational Services, Inc.
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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 _____