Employee Assistance Workplace Consultation

All Points EAP & Organizational Services
1892 Graves Mill Rd Suite A • Lynchburg, VA
Phone (434) 845-1246 • Fax (434) 845-1253
www.allpointseap.org

Employee Name ___________________________________________ Date _______________
Employer ___________________ Employee Job Title ___________________ Dept _______________
Referred by ___________________ Title ___________________ Ph # _______________
If you have confidential email, please include ____________________________________________

REASON(S) FOR CONSULTATION
Please supply supporting details below or on attached documents

Time Off Performance
☐ Absenteeism
☐ On-the-job absenteeism / frequent time away from duties
☐ Excessive tardiness / leaving early

Quality of Work Performance
☐ Decreased output / job efficiency
☐ Excessive errors
☐ High accident rate
☐ Disregards safety
☐ Erratic work patterns
☐ Deficient reports / records
☐ Difficulty setting priorities

Personal / Interpersonal Performance
☐ Strained work relationships
☐ Avoids supervisor / coworkers
☐ Changes in appearance or hygiene
☐ Lack of concentration
☐ Tenacity to job / difficulty with change
☐ Poor judgment
☐ Lacks interest / enthusiasm for job
☐ Unusually sensitive to feedback
☐ Unusually critical of others
☐ Difficulty operating in team environment

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Other Reasons for Consultation

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PERFORMANCE HISTORY

Employee’s length of service: ___________________________

How long have you supervised this employee? ________________

Have these performance problems been continuous? _________ If no, please describe the pattern of change you have observed. Please summarize results of previous evaluations.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Describe actions taken to assist the employee with performance improvement (for example: coaching / job counseling, disciplinary actions, training):

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

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

What outcomes are desired from consultation with the EAP?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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

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