



SUPERVISORY REFERRAL TO EAP

Company Name: _____ Date: _____

Employee Name: _____ Job Title: _____

Referred by: _____ Title: _____ Phone #: _____

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)

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

BEHAVIOR ON THE JOB (Explain in Detail)

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

PHYSICAL APPEARANCE/GROOMING (Describe in detail)

SUPERVISOR'S EVALUATION

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

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

Supervisor/Human Resources Representative discussed the above observations with the employee on the following date: _____

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

Date by which employee is to contact Reach EAP: _____

I have read this form. I authorize Reach EAP & Workplace Solutions to inform my supervisor and/or Human Resources Department that I have attended EAP appointment(s).

Employee's signature

Date

Supervisor's signature

Date

Human Resources Representative's signature

Date

Reach EAP & Workplace Solutions
Telephone: 800-950-3434
Fax: 540-776-5725