

## **SUPERVISOR REFERRAL**

This form is intended to be used as a guideline for outlining job performance concerns. When referring an employee to the Employee Assistance Program please note changes in your employee's usual behavior patterns and <u>review the contents of this form with your employee as part of the referral process.</u>

The information provided is intended to help the EAP counselors in assisting the employee with issues impacting their job performance.

Company:	is referring:
Employee:	
Employee's job title:	
Number of years employed by company: _ Is the employee on a corrective action plan	Employee's age:
Employee remains actively working Employee not working. Employer w recommendations from EAP.  The referral is being made based upon the j	vill determine return to work after receiving treatment
<ul> <li>Decreased Productivity:</li> <li>Unacceptable work</li> <li>Uncharacteristic anger or belligerence</li> <li>Accidents or injuries occurring on the job</li> </ul>	Please Explain:
Changes in Mood:  • Mood swings  • Emotional over expressiveness (excitation, overactivity)  • Emotional under expressiveness (inhibition, overcontrol)	Please Explain:

<ul> <li>Unusual Absenteeism or Tardiness:</li> <li>Unscheduled vacation</li> <li>Excessive sick leave</li> <li>Repeated tardiness</li> <li>Frequent and/or prolonged Absence from work area</li> </ul>	Please Explain:
<ul> <li>Change in Habit:</li> <li>Deterioration in personal Appearance</li> <li>Unreliability</li> </ul>	Please Explain:
Preoccupation with Personal Problems:	Please Explain:
Other Job-Related Concerns:	
	Date:
	elationship to Employee:  Notified Not Notified

\*Please retain a copy for your records

St. Elizabeth Employee Assistance Program Phone# (859) 301-2570

Email to: EAPEmployees@stelizabeth.com