



## St.Elizabeth Employee Assistance Program

### SUPERVISOR REFERRAL

**This form is intended to be used as a general guideline for identifying job performance problems. When referring an employee to the Employee Assistance Program, you may want to alert EAP staff to the changes you have noted in your employee's usual behavior patterns.**

**The information provided should help EAP counselors in assisting employee with problems affecting job performance.**

\_\_\_\_\_ is requesting an assessment  
(Name of Company)

evaluation for: \_\_\_\_\_  
(Name of Employee)

Employee's job title: \_\_\_\_\_

Number of years employed by company: \_\_\_\_\_ Employee's age: \_\_\_\_\_

Sex: \_\_\_\_ Marital Status: \_\_\_\_ Is the employee currently on a corrective action plan? \_\_\_\_

\_\_\_\_ Employee remains actively working.

\_\_\_\_ Employee unable to return to duty until EAP clearance.

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*The assessment evaluation is requested based upon the following job related concerns:*

#### **Decreased Productivity:**

- Unacceptable work
- Uncharacteristic anger or belligerence
- Accidents or injuries occurring on the job

**Please Explain:** \_\_\_\_\_

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#### **Changes in Mood:**

- Mood swings
- Emotional overexpressiveness (excitation, overactivity)
- Emotional underexpressiveness (inhibition, overcontrol)

**Please Explain:** \_\_\_\_\_

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**Unusual Absenteeism or Tardiness:**

- Unscheduled vacation
- Excessive sick leave
- Repeated tardiness
- Frequent and/or prolonged  
Absence from work area

**Please Explain:** \_\_\_\_\_

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**Change in Habit:**

- Deterioration in personal  
Appearance
- Unreliability

**Please Explain:** \_\_\_\_\_

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**Preoccupation with Personal Problems:**

- Talks with co-workers  
about problems
- Confides in supervisor
- Increases personal phone calls

**Please Explain:** \_\_\_\_\_

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**Other Job Related Concerns:**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Human Resources Advisor** \_\_\_\_\_ **Notified** \_\_\_\_ **Not Notified** \_\_\_\_

**Telephone #** \_\_\_\_\_ **Relationship to Employee** \_\_\_\_\_

\*Please retain a copy for your records

**St. Elizabeth Employee Assistance Program**  
**Phone# (859) 301-2570**  
**Fax# (859) 655-6030**