



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.

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: _____

Changes in Mood:

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

Please Explain: _____

Unusual Absenteeism or Tardiness:

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

Please Explain: _____

Change in Habit:

- Deterioration in personal
Appearance
- Unreliability

Please Explain: _____

Preoccupation with Personal Problems:

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

Please Explain: _____

Other Job Related Concerns:

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) 301-2576