**Employee Assistance Program**

Catholic Human Services, Inc.

Phone: 231-947-8387

Fax: 231-947-3522

**FORMAL SUPERVISOR REFERRAL FORM**

Whenever you make a “Formal Supervisor Referral” please make an initial telephone contact with Catholic Human Services office and EAP counselor where the assessment will be conducted. *At that time, make arrangements for providing the EAP counselor with this completed form*

Once you have done the above, you will be entitled to know whether the employee accessed the EAP services as requested by you. Our EAP Counselor will make every attempt to get the employee to sign a “Client Information Release Authorization” so that we can keep you advised of our recommendations and the corresponding progress by the employee.

Please answer to the best of your ability the following questions:

1. Name of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position within the organization. Describe.
2. Please list and explain the “Documentable Job Performance Problems.”
3. Please list and explain any relevant “observable changes in behavior.
4. Please describe what disciplinary measures have been used with this employee.
5. What are the consequences for the employee if s/he doesn’t attend EAP sessions and expend efforts toward resolving the presenting problems?
6. Expectation. What job performance improvements do you desire to see? What is the time line for these improvements?

Date of referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EAP appointment contact deadline:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee Signature Supervisor’s Signature

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Date Date Phone number

Identified Workplace Issues resulting in a referral to EAP:

* Attendance
* Work Quantity
* Work Quality
* Work Planning
* Cooperation, team player
* Dependability
* Communication
* Engagement in the workplace
* Additional comments or identified problems
* Additional comments re; current employment status