**Employee Assistance Program (EAP)**

**Supervisor Referral Report**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Hired: \_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Phone/Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Business Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason(s) for Referral**:

Please complete all of the sections below, basing your responses on the employee’s performance in **the past 3 months.** Please rate severity of the problem using the following scale ranging from 1-5

1=little or no problem, 2=troublesome, 3=somewhat severe, 4=moderately severe, 5=extremely severe.

**Fax completed form to 410.328.1132. Thank you!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance Problems:** *missed deadlines, frequent mistakes, low productivity, undependable, lower work quality* | 1 | 2 | 3 | 4 | 5 |
| **Absenteeism/Tardiness:***Unauthorized leave, excessive sick leave, frequent absences, lateness, early departures* | 1 | 2 | 3 | 4 | 5 |
| **Initiative***Needs constant supervision, unwilling to make changes, loss of interest, etc.* | 1 | 2 | 3 | 4 | 5 |
| **Interpersonal**O*verly critical, customer complaints, false statements, complains to coworkers, etc.* | 1 | 2 | 3 | 4 | 5 |
| **Disruptive Behavior**bizarre/abnormal actions, making threats of violence, displaying weapons, etc. | 1 | 2 | 3 | 4 | 5 |
| **Appearance**unkempt/unclean, disheveled/messy appearance, etc. | 1 | 2 | 3 | 4 | 5 |
| **Attitude***towards supervisor, coworkers and patients; unusually sensitive to constructive criticism/advice, etc.* | 1 | 2 | 3 | 4 | 5 |
| **Safety***Disregard for safety of patients, coworkers, supervisors, etc.* | 1 | 2 | 3 | 4 | 5 |
| **Personal Problems** *Interfering with work, concern for employee, mood swings, etc.* | 1 | 2 | 3 | 4 | 5 |

Length of time issue has existed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verbal or written warnings issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments (Use another sheet if necessary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a mediation case between two employees? Yes/No

**NOTE: Information on this form will be discussed with the client during EAP Assessment**