

BEHAVIORAL HEALTH CONSULTANTS, LLC

Employee Assistance Program Supervisor Referral Form

This form needs to be completed by the supervisor or manager of the employee exhibiting work performance problems. The referring supervisor should call (203) 407-1029 to discuss the need to make a supervisory referral. The following information should be faxed to (203) 281-0235 **after** the referral has been discussed with a BHC clinician.

Employer _____ Date: _____

Referring Supervisor Name: _____ Date: _____

Department _____ Phone number: _____

Has HR been notified? No _____ Yes _____ Who notified? _____

Employee Name: _____ Department _____

Employee Position: _____ DOB: _____

Employee work phone #: _____ Home phone: _____

Reasons for the referral. Please check all that apply:

_____ Absenteeism _____ Anger Issues _____ Argumentative

_____ DOT Violation _____ Drug/Alcohol Violation _____ Tardiness

_____ Work Quality/Quantity _____ Other Inappropriate Behaviors _____ Other

Describe as specifically as possible the work behaviors or work performance difficulties that necessitated the supervisory referral:

Duration of the work performance problem: _____

What steps have been taken to date to address the work performance problems:

Was the employee either sent home or suspended? Yes ____ No ____

If suspended, what are the requirements the employee needs to meet prior to their return to work?

Was the employee given either a verbal or written warning? Yes ____ No ____ Which?

Were either drugs or alcohol suspected? Yes ____ No ____

Have you discussed the supervisory EAP referral with the employee? Yes ____ No ____

Has the employee consented to accept the supervisory referral? Yes ____ No ____

Will the employee be allowed to attend appointments on company time?

_____Yes _____No