**Employee Assistance Program (EAP)**

**Supervisor Referral Report**

**Employee’s Name: Date Hired:**

**Department: Job Title:**

**Supervisor’s Name: Date:**

**Job Title: Supervisor’s Phone #:**

**Address: Supervisor’s 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 (with an “x” on the line) the severity of the problem. Please use the scale below ranging from 1-5 with 1= none or little problem, 2=troublesome, 3=somewhat severe, 4=moderately severe, 5=extremely severe.* **Fax completed form to 410.328.1132. Thank you!**

**\* Performance Problems** (e.g. missed deadlines, frequent mistakes, low productivity, undependable, lower work quality)

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 1 2 3 4 5

**\* Absenteeism/Tardiness** (e.g. unauthorized leave, excessive sick leave, frequent absences, lateness, early departures)

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**\* Initiative** (e.g. needs constant supervision, unwilling to make changes, loss of interest, etc.)

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**\* Interpersonal** (e.g. overly critical, customer complaints, false statements, complains to coworkers, etc.)

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**\* Disruptive Behavior** (e.g. bizarre/abnormal actions, making threats of violence, displaying weapons, etc.)

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**\* Appearance** (e.g. unkempt/unclean, disheveled/messy appearance, etc.)

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**\* Attitude** (e.g. towards supervisor, towards coworkers, towards patients, unusually sensitive to constructive criticism/advice, etc.)

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**\* Safety** (e.g. disregard for safety of patients, coworkers, supervisors, etc.)

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**\* Personal Problems** (e.g. interfering with work, concern for employee, mood swings, etc.)

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 1 2 3 4 5

Action(s) taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Is this a mediation case between two employees?Yes or No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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