

**EMPLOYEE ASSISTANCE PROGRAM
OF
WARREN, WASHINGTON AND SARATOGA COUNTIES, INC.**

SUPERVISORY REFERRAL TO EAP

Employee Name _____ Date _____
Employee Job Title _____ Dept. _____
Referred by _____ Title _____ Phone _____

REASONS FOR REFERRAL – JOB PERFORMANCE (Explain in Detail)

- | | |
|---|------------------------------------|
| _____ Excessive Absenteeism | _____ Low Quality of Work |
| _____ Excessive Tardiness, Leaving Early | _____ Excessive Errors |
| _____ Unusual Excuses for Absenteeism (Specify) | _____ Bad Judgment |
| _____ Extends Lunch Periods, Breaks, Vacation | _____ Decreased Output |
| _____ Erratic Work Patterns | _____ Unusually Critical of Others |
| _____ Lack of Concentration | _____ Does Not Communicate |
| _____ Avoids Supervisor/Co-Workers | _____ Missed Deadlines |
| _____ Disregards Safety | _____ Moody |
| _____ Lacks Interest/Enthusiasm | _____ Other (Specify) |
| _____ Unusually Sensitive to Criticism | |

What is the impact this problem is creating for others or the organization?

Describe employee's current status (any conditions for continued employment? Is disciplinary action being applied or likely?)

Please notify EAP at 793-9768 prior to meeting with employee. We will agree upon a time frame for your employee to comply with your referral to EAP.

