Employee Assistance Program

Supervisor's Referral Form

Employee Name:		Home Phone:	
Position:		Office Phone	
Referring Supervisor:		Office Phone:	
County or State Office/Division:			

Observation: (check the reasons for warranting the referral)

A. Absenteeism and Punctuality

- ◯ Misses work 1 day every 2 weeks
- ◯ Misses work 1 day every week
- ◯ Misses work 2 or more days/week
- ◯ Unusual excuses for absences
- ◯ Leaves the work place without authorization
- ◯ Difficult to locate at work
- ◯ Extended breaks
- ◯ Extended lunch periods
- ◯ Early departures from work
- ◯ Late arrivals at work

B. Job Performance

- ◯ Volume of work has declined
- ◯ Errors of work have increased
- ◯ Working patterns are erratic
- ◯ Failure to meet schedules
- ◯ Is forgetful of assignments
- ◯ Poor concentration in performing tasks

C. Communication and Relationships

- ◯ Avoids conversations and discussions
- ◯ Unable to express thoughts clearly
- ◯ Is not patient with others
- ◯ Is quick tempered
- ◯ Unable to get along with others
- ◯ Usually critical of others
- ◯ Spends too much time in conversations with others

D. Supervision Responsiveness

- ◯ Avoids supervisor
- ◯ Unusually sensitive to advice
- ◯ Does not follow recommendations
- ◯ Unusually critical of supervisor
- ◯ Unusually argumentative with supervisor

E. Job Interest and Judgement

- ◯ Loss of interest in job
- ◯ Disregard for policies, rules, procedures
- ◯ Not concerned with safety of self and others

F. Narrative Description (if needed)

ACKNOWLEDGMENT: It is understood that the information above is confidential and has been compiled to assist the employee:

Supervisor's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

As the employee, my signature authorizes the release of this referral and the information herein to:

Assessment Individual: _____

Print Form