

CONFIDENTIAL

SUPERVISOR'S FORMAL REFERRAL FORM FOR EMPLOYEE ASSISTANCE

Employee Name: _____ Company Name: _____

Employee job assignment: _____

Please check the following problem areas that apply to the employee:

- | | |
|---|-------------------------------------|
| _____ Attendance | _____ Personal Leave |
| _____ Tardiness | _____ Absent from Work Station |
| _____ Accidents | _____ Quality of Work |
| _____ Quantity of Work | _____ Problems with other employees |
| _____ Drugs or alcohol suspected on the job | _____ Positive drug screen |
| _____ Other | |

Please describe why this employee is being referred to the Employee Assistance Program:

(Additional information may be written on the reverse side)

Employee has _____ days to call for appointment Employee must be seen by _____

Employee Acknowledgment of Referral:

I, _____, employee of _____, understand that I am being referred to Performance Plus Employee Assistance Program and that I am giving my consent to Performance Plus to indicate to my employer that I met with an employee assistance counselor and to indicate whether or not I am following the recommended treatment program. This consent is in effect for a period of one year. Failure to follow the recommended treatment plan may result in disciplinary action up to and including termination.

Employee signature

Supervisor signature

Employee name (please print)

Supervisor name (please print)

Date of referral

Supervisor's Phone #

Please bring or fax the above information to:

Performance Plus
1223 W. Mulberry St. Sherman, TX 75092
FAX 903-893-5183