

EMPLOYEE ASSISTANCE PROGRAM SUPERVISOR REFERRAL FORM

Date: _____

Supervisor Name: _____

Phone: _____

Employee Name: _____

Please evaluate the criteria listed below. Add comments that will assist us in understanding the reasons for your referral. **Check NA (Not Applicable) for criteria that does not apply to the employee or Check the box next to the appropriate number from #1 (Not a Problem) to #7 (Very Serious Problem).**

1. DETERIORATING JOB PERFORMANCE

a. Decline in quality of work

Not a Problem
 NA 1 2 3 4 5 6 7
Very Serious Problem

Please specify and comment (or attach documentation) _____

b. Decline in quantity of work

NA 1 2 3 4 5 6 7

Please specify and comment or attach documentation _____

2. EMPLOYEE BEHAVIOR

a. Disruptive behavior (*i.e. Insubordination, attitude about work or coworkers, excessive complaining, behavior causing unrest among other employees, etc.*)

NA 1 2 3 4 5 6 7

b. Safety record

NA 1 2 3 4 5 6 7

c. Other behavior unique to the referred employee

NA 1 2 3 4 5 6 7

