

SUPERVISORY REFERRAL TO EMPLOYEE ASSISTANCE PROGRAM

Supervisor's rating of employee:E	mployee N	ame			=
	. ,				
E	imployee's	Job Title			=
Company		Clien	t location		
			City	ST	
	Not a	Rarely a	Sometimes a	Frequently	Serious
	Problem	Problem	Problem	a Problem	Problem
Absenteeism					
Tardiness					
Observance of work hours					
Quality of work					
Quantity of work					
Safety record (accidents, injury on the job, weapon on site, etc.)					
Erratic or disruptive behavior (complaining,					
aggressive behavior, disturbing other staff or patients)					
Acceptance of supervision (attitude, insubordination)					
Personal presentation (appearance, hygiene)					
Suspicion of substance abuse					
Has the employee recently failed a random dru	ug screen?	Y	N		
Is the employee currently on paid administrative leave? Y N					
<u>Reason for Supervisory Referral</u> - Describe in detail citing specific examples of problem behaviors. Explain what changes are expected, how much time is allowed for changes to be made, and potential consequences if changes are not made (i.e., job termination, probation, etc.) Attach any supporting documents from the personnel file.					

2 Easton Oval, Suite 450 Columbus, OH 43219

614-475-9500 Fax 614-475-9821

800-886-1171



We have read and discussed this form on $_$	_ and employee agrees to accept referral to		
the EAP.	(Date)		
Supervisor Name		Signature	
Employee Name		Signature	
Human Resources Representative		Signature	

<u>Please include a signed Authorization to Obtain/Release Protected Information.</u> Matrix will release to the employer, only information specifically authorized on the signed authorization form, and only to the extent relevant to the job performance issues cited above.

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