

Fax: 585-593-9058 **Phone:** 800-252-4555

Employee Assistance Program: <u>Administrative Referral Information Sheet</u> (Please complete <u>after</u> Supervisory Consult with ESI Counseling Staff) **1-800-252-4555**

Instructions: Please complete both pages of this form, review with the employee, and obtain the employee's signature on this form and the Authorization to Release Confidential Information Form. **Both forms should be faxed to ESI @ 585-593-9058**

Employer:		Date:			
Employer Representative (name on release of information):					
Title:					
Employee being referred:			DOB:		
Position:		Years Employed:	Work Hours:		
When is the Employee available to meet with EAP?					
Reason(s) for Referral:					
Absenteeism	Tardiness	Work Quality Work Quanti	ty		
Anger	Harassment	Inappropriate Communication	Aggressive Behavior	Interaction Style	
Drug and Alcohol Violations:					
DOT Policy Violations Drug and Alcohol Policy Violations					
Other Reason for	Referral:				

Describe ongoing work performance incidents or the policy violation precipitating this referral:



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Please describe corrective actions taken to address the performance issues, including verbal and written communication/action plans:

Please describe the specific workplace performance goals as communicated to the employee:

l,Employee Print Name	Understand the reason/s for the referral as identified above.			
I understand I must call EAP @ 1-800-252-4555 to schedule an assessment.				
Employee Signature	Date			
Employer Representative	 Date			
A copy of this form has been offered to the em	ployee: Yes No			