**Employee Assistance Program: Administrative Referral Information Sheet**

*(Please complete after 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**: Click here to enter text. **Date**: Click here to enter text.

**Address**: Click here to enter text.

**Employer Representative (name on release of information)**: Click here to enter text.

**Title**: Click here to enter text. **Phone/Ext**: Click here to enter text. **Fax**: Click here to enter text.

**Employee being referred**: Click here to enter text. **DOB:** Click here to enter text.

**Position**: Click here to enter text. **Years Employed:** Click here to enter text. **Work Hour**s: Click here to enter text.

**When is the Employee available to meet with EAP?** Click here to enter text.

**Reason(s) for Referral:**

[ ] **Absenteeism** [ ] **Tardiness** [ ]  **Work Quality** [ ]  **Work Quantity**

[ ]  **Anger** [ ]  **Harassment** [ ]  **Inappropriate Communication** [ ]  **Aggressive Behavior** [ ]  **Interaction Style**

 **Drug and Alcohol Violations:**

[ ]  **DOT Policy Violations** [ ]  **Drug and Alcohol Policy Violations**

**Other Reason for Referral:** Click here to enter text.

**Describe ongoing work performance incidents or the policy violation precipitating this referral**: Click here to enter text.

**Please describe corrective actions taken to address the performance issues, including verbal and written communication/action plans**: Click here to enter text.

**Please describe the specific workplace performance goals as communicated to the employee**: Click here to enter text.

**I**, Click here to enter text.**Understand the reason/s for the referral as identified above.**

 **Employee Print Name**

**I understand I must call EAP @ 1-800-252-4555 to schedule an assessment.**

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**Employee Signature Date**

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**Employer Representative Date**

**A copy of this form has been offered to the employee:** [ ] **Yes** [ ] **No**