

# MANAGEMENT REFERRAL FORM



Employee Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title: \_\_\_\_\_ Company: \_\_\_\_\_

I understand that I am being formally referred to **DIRECTION for Employee Assistance** for assistance to resolve job performance, conduct or safety related problem behavior. My supervisor and/or Human Resources reviewed the job performance problem behaviors with me as noted on the second page of this document.

I hereby authorize **DIRECTION EAP** to release information verifying my contact and participation in the EAP and adherence with the recommended treatment plan. I understand that this is a limited release of information to disclose participation in the EAP assessment, treatment plan, adherence with treatment, and for my supervisor/HR to disclose information about job performance with **DIRECTION EAP**.

**DIRECTION EAP** will take appropriate legal and ethical precautions to protect the confidentiality of my discussions with my counselor and that any information exchanged between my counselor/s and my employer will be limited to clinical information relevant and necessary to an effective resolution of this job-performance situation.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

A copy of both pages of this fully signed referral given to the employee:  Yes  No

## For referring Supervisor and/or Human Resources:

I have discussed the job performance problem behavior(s) and initiated a formal management referral to EAP.

\_\_\_\_\_  
Print Supervisor's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
HR Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Print Name of person for Direction to Contact

\_\_\_\_\_  
Fax #

Confidential Fax:  Yes  No

Please have employee call **Direction** to schedule their initial appointment.

Must be scheduled by: \_\_\_\_\_

I have discussed the following job performance problems with \_\_\_\_\_. I am initiating a "Management Referral" to **DIRECTION EAP** to provide the resources to address and resolve individual, personal concerns or behaviors that may interfere with productive, safe job performance.

**Job performance Problem Behavior Categories** (see *Universal Job Expectations*)

- |                     |                        |                     |
|---------------------|------------------------|---------------------|
| ___ Quality of work | ___ Organization       | ___ Problem Solving |
| ___ Dependability   | ___ Volume of Work     | ___ Creativity      |
| ___ Communication   | ___ Skills/Knowledge   | ___ Decisiveness    |
| ___ Relationships   | ___ Motivation         | ___ Hygiene         |
| ___ Judgment        | ___ Reaction to Stress |                     |

Describe Problem Behavior(s):

Behavioral indications of improvement include:

Consequences if job performance does not improve?

- No consequences    Corrective action    Final Written Warning    Termination

**Supervisor/Manager/ Human Resources Signature**

I have reviewed the job performance behaviors noted on this form with the employee on \_\_\_\_\_, 20\_\_\_\_ and informed him/her that this document will be sent to the EAP. I understand that management information shared with **DIRECTION** will be entered into the employee's clinical record.

\_\_\_\_\_  
Supervisor/Manager/HR Signature

\_\_\_\_\_  
Date

This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR, part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulation. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

**Fax this completed form to DIRECTION (541-345-4419) prior to the initial EAP assessment**  
**Call DIRECTION with any questions about the referral procedures**