

# COPE

incorporated

*Confidential*

## Employee Assistance Program Supervisory Referral Form

### General Instructions:

The purpose of this form is to provide information to the Employee Assistance Program (EAP) regarding the reason for your supervisory referral.

It is *essential* that you complete *all* of the information requested to the best of your knowledge. Please limit your responses to objective fact as opposed to hearsay and/or assumptions. This information will serve as a means of assessing the employee's problem, will help the EAP to determine the steps necessary in assisting the employee in alleviating his or her problems, and will be used to measure outcomes regarding the effectiveness of the EAP supervisory referral process in terms of helping to minimize employee problems.

An EAP Staff member will follow-up with you by phone in six (6) months to complete a follow-up survey which allows COPE to determine the effectiveness of the referral process, the outcomes related to EAP services, and whether or not any additional steps are necessary at this time in assisting the employee in alleviating his or her problems.

***It is recommended that you review the contents of this form with the employee prior to referring him or her to the EAP.***

\*\*\* **Note:** This form should **ONLY** be completed by the person making the referral. \*\*\*

*(Please Print In Ink or Type)*

Referral Date \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional)

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ EOD: \_\_\_\_\_

Position Title: \_\_\_\_\_ Grade: \_\_\_\_\_

Department / Agency: \_\_\_\_\_

Employee's Work Location: \_\_\_\_\_

Shift: \_\_\_\_\_ To: \_\_\_\_\_ Days Off: \_\_\_\_\_

Referred By: \_\_\_\_\_

Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## REASON(S) FOR REFERRAL

Please complete all of the sections below, basing your responses on the employee's performance in the past six months. If sufficient space is not available, please attach a supplemental sheet.

### ATTENDANCE

\_\_\_\_\_ The employee does not have a problem with attendance.

\_\_\_\_\_ The employee has a problem with attendance as evidenced by the consistent presence of one or more of the following:

- Extended lunch periods
- Frequently away from work station
- Significant number of days absent
- Late occurrences
- Unusual excuses for absences
- Early departures

Please rate the severity of this problem on a scale from 1 to 5 based on behavior observed during the past six months. (*1 = extremely severe, 2 = moderately severe, 3 = somewhat severe, 4 = troublesome, 5 = could become troublesome if behavior continues*)

\_\_\_\_\_

1	2	3	4	5
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### JOB PERFORMANCE

\_\_\_\_\_ The employee does not have a problem with job performance.

\_\_\_\_\_ The employee has a problem with job performance as evidenced by the consistent presence of one or more of the following:

- Lower quality of work
- Erratic work patterns
- Decreased productivity
- Failure to meet schedules
- Increased errors
- Impaired judgment/memory/concentration

Please rate the severity of this problem on a scale from 1 to 5 based on behavior observed during the past six months. (*1 = extremely severe, 2 = moderately severe, 3 = somewhat severe, 4 = troublesome, 5 = could become troublesome if behavior continues*)

\_\_\_\_\_

1	2	3	4	5
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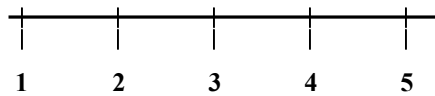
**BEHAVIOR / CONDUCT**

\_\_\_\_\_ The employee does not have a problem with behavior / conduct.

\_\_\_\_\_ The employee has a problem with behavior / conduct as evidenced by the consistent presence of one or more of the following:

- Avoids Supervisor or Co-workers
- Unusually sensitive or hostile to advice or constructive criticism
- Loss of interest or enthusiasm
- Less communicative
- Frequent mood swings
- Threats of violence and/or harm to others
- Disregard for safety of Supervisor/Co-workers
- Unusually critical of Supervisor/Co-workers
- Inability to get along with coworkers, customers, managers

Please rate the severity of this problem on a scale from 1 to 5 based on behavior observed during the past six months. (*1 = extremely severe, 2 = moderately severe, 3 = somewhat severe, 4 = troublesome, 5 = could become troublesome if behavior continues*)



**REASON(S) FOR REFERRAL**  
*(Continued)*

Please **CIRCLE** the appropriate answer:

YES NO Have the above observations been discussed with the employee?

YES NO Have these observations been recorded/documented and filed?

YES NO Has a corrective and/or warning interview taken place?

If 'YES', when did the interview take place? \_\_\_\_\_

**What were the results of the interview? (e.g., Letter of Warning, suspension, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES NO Has the manager discussed with the employee the need to receive confirmation of EAP participation and asked the employee to sign a release for that purpose?

Comments and/or Additional Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Referring Person*

*Date*

My manager has discussed the contents of this form with me. I understand that the Employee Assistance Program (EAP) counselor will inform my manager whether or not I have contacted the EAP and met with a counselor. Only this information will be provided to my manager. This information will be given whether or not I have signed a Release of Information form.

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

*Date*

Employee Assistance Program COPE, Incorporated Phone: (202) 628-5100 or 1-800-841-7406 Fax: (202) 628-5111 Email: <a href="mailto:eap@cope-inc.com">eap@cope-inc.com</a> Web: <a href="http://www.cope-inc.com">www.cope-inc.com</a>
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