

**NEW DIRECTIONS EMPLOYEE ASSISTANCE PROGRAM
MANAGEMENT REFERRAL FORM**

****CONFIDENTIAL****

This form is to be used as a guide for communicating the extent and exact nature of your employee's decline in job performance or violation of work rule(s), in summary, the factors, which led to this referral. *This form should be forwarded to the EAP prior to the employee's appointment.*

Employee's Name: _____ Phone
No: _____

Company
Name _____

Company Address:

Employee's Position: _____ Department:

Is the employee's position covered under DOT? Yes _____ No _____ Safety Sensitive?
Yes _____ No _____

What is the nature of the declined work performance?

Current disciplinary action

Additional behavioral observations or factors, which led to this
referral: _____

Describe, by stating specific goals, what you expect this employee to achieve:

Communication regarding this employee will be directed to:

Name: _____ Position: _____
Phone No. _____

Name: _____ Position: _____
Phone No. _____

This form allows the EAP to advise the company as to whether the employee has kept his or her initial appointment and recommendations made. No additional information will be released without the employee's consent. *This authorization will be effective for one-year (1) from the date signed below, unless a specified date is provided* _____

Date

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____
