

**EAP CONFIDENTIAL MANDATORY REFERRAL FORM**

Employee being referred: \_\_\_\_\_ Date of Referral: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Company/Organization: \_\_\_\_\_

Confidential?  Yes  No      Is this employee in violation of Federal DOT laws?  Yes  No

Referring Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Main contact person for this case: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

*(For **each** of the job performance problems listed below, check the box that best describes this employee's present performance.)*

**JOB PERFORMANCE ISSUES**

**EXTENT OF THE PROBLEM**

	<u>No Problem</u>	<u>Minor Problem</u>	<u>Needs Attention</u>	<u>Serious Problem</u>	<u>Extreme Problem</u>
1. Repeated unscheduled absences	_____	_____	_____	_____	_____
2. Missing deadlines	_____	_____	_____	_____	_____
3. Alternating periods of high/low productivity	_____	_____	_____	_____	_____
4. Making poor decisions/judgments	_____	_____	_____	_____	_____
5. Excessive tardiness	_____	_____	_____	_____	_____
6. Inability to get along with co-workers	_____	_____	_____	_____	_____
7. Wasting materials used on the job	_____	_____	_____	_____	_____
8. Overreacts to criticism	_____	_____	_____	_____	_____
9. Work requires more time/effort than usual	_____	_____	_____	_____	_____
10. Excessive use of sick time	_____	_____	_____	_____	_____
11. Leaving work early	_____	_____	_____	_____	_____
12. Difficulty remembering/following through	_____	_____	_____	_____	_____
13. Excessive job-related accidents	_____	_____	_____	_____	_____
14. Inability to accept supervision	_____	_____	_____	_____	_____
15. Difficulty in managing complex tasks	_____	_____	_____	_____	_____
16. Deterioration of personal appearance	_____	_____	_____	_____	_____
17. Making more mistakes than usual	_____	_____	_____	_____	_____
18. Poor work product quality	_____	_____	_____	_____	_____
19. Other (specify):	_____	_____	_____	_____	_____
20. Other (specify):	_____	_____	_____	_____	_____

For any "Serious or Extreme Problem", please elaborate below:

Problem # \_\_\_\_\_ Duration: \_\_\_\_\_ Comments: \_\_\_\_\_

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Problem # \_\_\_\_\_ Duration: \_\_\_\_\_ Comments: \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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Name and Title of person completing this form: \_\_\_\_\_

*Thank you for taking the time to complete this form on your employee.  
Please forward it to your organization's designated EAP Coordinator in a confidential manner.*