SUPERVISORY REFERRAL TO EAP

EMPLOYEE NAME: DATE:
EMPLOYEE JOB TITLE:
REFERRED BY: TITLE: PHONE:

REASON FOR REFERRAL:

_____ EXCESSIVE ABSENTEEISM (Explain: _____
_____)

_____ EXCESSIVE TARDINESS (Explain: _____
_____)

_____ UNUSUAL EXCUSES (Explain: _____
_____)

____ UNACCEPTABLE CONDUCT (Explain:)

_____ LEAVES WORK PLACE FREQUENTLY (Explain: _____
_____)

_____ EXTENDS LUNCH PERIODS, BREAKS, VACATIONS (Explain: _____
_____)

_____ OTHER (Explain: _____
_____)

_____ LOW QUALITY OF WORK
_____ LACK OF CONCENTRATION
_____ MISSED DEADLINES
_____ EXCESSIVE ERRORS
_____ AVOIDS SUPERVISOR OR CO-WORKERS
_____ DISREGARDS SAFETY
_____ LACKS INTEREST/ENTHUSIASM
_____ UNUSUALLY SEINSITIVE
_____ UNUSUALLY CRITICAL

SUPERVISOR'S EVALUATION:

EMPLOYEE ASSISTANCE PROGRAM
1224 VINE GROVE ROAD
FORT KNOX, KY 40121

PHONE: 502-624-8361
FAX: 50-624-4935