



## HelpPeople EAP Supervisor Referral

***\*Please submit EAP Supervisor referral form to HelpPeople before appointment is scheduled.  
HelpPeople Phone: 315-470-7447 / Helppeople-eap.org / fax: 315-470-7580***

### Identify type of Referral:

**Informal Referral:** (Employee participation is voluntary and information about client’s participation will not be released to employer.)

**Formal Referral:** (Employee is demonstrating work performance concern(s) and is expected to attend EAP, follow through with EAP recommendations as well as sign authorization for release for employer regarding participation in EAP)

Employee: \_\_\_\_\_

HR Rep/Supervisor making referral/Caller: \_\_\_\_\_

Employee position: \_\_\_\_\_

Length of Time with organization: \_\_\_\_\_

Safety Sensitive Position  Yes  No

DOT Position  Yes  No

### Reason for Referral:

***Identify specific job performance concerns. Please provide information on specific occurrence(s), incident(s), safety issues, behavior(s) of concern observed pertaining to work performance concern.***

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Was the above reviewed with the employee  y /  n

**Performance Outcome Desired:**

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**Current and/or previous measures taken to address performance issue  
(ex. disciplinary/coaching):**

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\_\_\_ Employee has been informed of HelpPeople EAP referral and expectation of employee to sign release of authorization for \_\_\_\_\_(Employer Representative) with EAP clinician for:

1. Attendance
2. EAP Recommendations
3. Progress and level of participation

\_\_\_ Employee has been instructed to contact HelpPeople and employee was given a deadline of 1-2 days to schedule an appointment.

**HR/ Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

