## EAP & COUNSELING ASSOCIATES, PLLC

THE INFORMATION ON THIS FORM IS ESSENTIAL TO WORKING WITH YOUR REFERRAL AND PROVIDES US WITH KNOWLEDGE REGARDING YOUR CONCERNS.

#### **PLEASE EMAIL THIS FORM TO OUR OFFICE AFTER REVIEWING IT WITH THE EMPLOYEE AND HAVING THEM SIGN THE FORM AT THE BOTTOM.**

The EMPLOYEE is responsible for contacting EAP-C and arranging an appointment. If they agree to this action and sign the form but fail to call or show up for an appointment, the referring person/company will be notified. Otherwise, their co-operation and attendance will be verified.

**EMAIL: steve@eapc.org 704-481-1332 Office**

**MAILING ADDRESS:**

**P.O. Box 699**

**Shelby, NC 28151-0699** [**www.eapc.org**](http://www.eapc.org)

# MANAGEMENT REFERRAL FORM

A Management Referral is a formal process of referring an employee to the Employee Assistance Program (EAP) due to problems with work performance or unacceptable behavior. In order to best assist both you and the employee, please answer the questions below and return this form to us **BEFORE** the employee’s initial contact with us. To expedite this communication  **PLEASE TRANSMIT this form by secure EMAIL to steve@eapc.org** **This information will help insure that we have the correct concerns you as the employer have regarding the employee and the work situation.** Thank you for your time in completing this form.

Name of Agency/Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your relationship to Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext: \_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### EMPLOYEE INFORMATION

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Service \_\_\_\_\_\_\_\_\_\_\_

What concerns do you have about the employee that led you to refer the employee to EAPC? (Why are you referring this employee for EAP counseling?)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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**Has any disciplinary procedure been initiated with this employee? If so, please describe.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Since this is a Management Referral, or Job Performance Referral, EAP-C needs to know the designated contact person and what kind of feedback you require. Generally, EAP-C will provide the following information:

1. Whether or not the employee contacted EAP-C as agreed
2. Whether or not the EAP professional has made recommendations to the employee, and
3. Whether or not the employee is following through with recommendations made by the EAP professional.

(If you require information in excess of that listed above, please call EAPC (704) 481-1332, to discuss further.)

The above information should be directed to: (CONTACT PERSON/SUPERVISOR AT WORK SITE)

(Name) (Title) (Phone)

Please make sure the employee expects this communication to occur. The employee must sign an authorization for EAP-C to release this information to you. You should utilize this form as part of your discussion with the employee when you refer someone to EAP-C. If the employee is unwilling to allow feedback to you from EAP-C, we will not be able to share information due to legal and ethical obligations prohibiting such disclosure. In such a case, a Management Referral will NOT be useful to you since EAP-C will not be able to verify attendance. In either case, the employee should sign this form below, indicating they have accepted or rejected the EAP referral for counseling regarding their work performance/problem. This document should be placed in their personnel file as part of their performance counseling/evaluation agreement.

Is the employee’s acceptance of this Management Referral to EAP-C a Condition of Continued Employment or is this stipulation included in the language of a Last Chance Agreement? \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_\_No

Please note any additional information, which would be important for us to know:

(EMPLOYEE SHOULD SIGN THIS STATEMENT OF ACCEPTANCE/REJECTION AND A COPY OF THE FORM SHOULD BE FILED IN THEIR PERSONNEL ACTION PLAN/FILE)

My signature below indicates an understanding that my participation in counseling at EAP & Counseling Associates is a condition of my Personnel Action Plan. Failure to participate in this counseling could result in disciplinary action up to and including termination. A copy of this Management Referral will be included in my Personal Action Plan.

I (employee name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (circle one) ACCEPT REJECT this referral to EAP-C. NOTE: If I choose to ACCEPT this referral, I understand I must agree to allow EAP-C to notify my employer/supervisor of my attendance and/or cooperation with EAP-C. Specific information about my counseling sessions will NOT be released but will remain confidential. Only my participation, cooperation and attendance will be verified.

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

Employees Signature Date

NOTE: Employee is responsible for contacting EAP-C to establish an appointment time. It is not necessary or appropriate for the referring individual to call or attempt to schedule a time.