



CITY OF ROSWELL

HUMAN RESOURCES / SUPERVISORY REFERRAL FORM

This form is to be completed by the employee's Supervisor and Human Resources. Upon completion the Supervisor and Human Resources will review the Supervisory/HR referral process with the employee. Along with the employee, Human Resources will contact the EAP at 800-824-4372 to arrange for the employee's first appointment.

Supporting documentation may be included with this referral form if applicable. (memo's, disciplinary actions, etc.)

EMPLOYEE INFORMATION

Please type or print clearly

Employee's Name: _____ Referral Date: _____

Employee's Job Title: _____

Employee's Department: _____ Employee's Phone (work): _____

Employee's Phone: (other) _____ home cell

REASON FOR REFERRAL

Please indicate the reason(s) for this referral (check all boxes that apply)

JOB PERFORMANCE PROBLEMS

Lower quality of work

Attendance

Decreased productivity

Excessive tardiness

Increased errors

Days late in past month: _____

Erratic work patterns

Excessive absence

Failure to meet schedules

Days absent past 3 months: _____

Other

SUBSTANCE ABUSE PROBLEMS

Failed random drug or alcohol test (*indicate which one*) _____

Is the employee in a safety sensitive position? Yes No

Post-accident failed drug or alcohol test (*indicate which one*) _____

Under the influence at work

Meets criteria for "reasonable suspicion"

BEHAVIORAL CONCERNS

Avoids supervisor/co-workers

Disregard for safety

Less communicative

Frequent mood swings

Unusually sensitive to feedback

Loss of interest

Unusually critical of others

Impaired judgment/memory

Conflict with co-workers

Inability to concentrate

VIOLENCE ISSUES

Threatened/intimidated others at work (may require Threat Assessment Meeting)

Domestic violence

Harassment

SUPERVISOR PERFORMANCE GOALS

1. Have the issues marked on this form been discussed with the employee? Yes No
2. What are the consequences if employee performance does not improve?
3. Have the consequences for not improving been discussed with the employee? Yes No
4. How long will the employee's improvement be measured? (*Please be specific*)
5. How long will the employee be given to make the desired changes?

EMPLOYEE SIGNATURE

I understand that Human Resources is referring me to the Employee Assistance Program and my signature verifies that I have seen this form. My signature below does not signify my agreement or disagreement with any of the issues raised.

By signing below, I acknowledge that I will participate and cooperate with recommendations and any treatment protocol deemed necessary by the Employee Assistance Program.

Signature of Employee

Date

HUMAN RESOURCES CONTACT INFORMATION

Referring Human Resources Contact Name: _____

Title: _____ Phone: _____

Email: _____