



### Employee Assistance of the Pacific Referral Form for DOT-SAP and non-DOT Assessments

TO BE COMPLETED BY SUPERVISOR OR PERSONNEL OFFICE (Incomplete forms may result in delay of evaluating employee)

Employee Name:		Position:		Bargaining Unit:	
Company:					
Department:			Division:		
Designated Employer Representative (DER):			Company Phone:		
Alternate (DER):					
Employee's Home Address:					
Home Phone:	Mobile Phone:	Business Phone:	Birth date:	Last 4 SSN (DOT only):	
<input type="checkbox"/> Random		<input type="checkbox"/> Voluntary Admission – See notes below under supervisor comments		<input type="checkbox"/> Return to Duty	
<input type="checkbox"/> Pre-employment (or transfer to safety-sensitive duties)		<input type="checkbox"/> Reasonable Suspicion		<input type="checkbox"/> Post-Accident <input type="checkbox"/> Follow-Up	
Date of Test:		Drug Test Positive For:		<input type="checkbox"/> Breath Alcohol Positive	
				<input type="checkbox"/> BAL: _____	
This Test was a: (Please check one)		<input type="checkbox"/> Federal DOT Test		<input type="checkbox"/> Non – DOT Test	
Previous Test Results – List Type: Random, Reasonable Suspicion, Post-Accident, Follow-up, Pre-employment	Date:	Results: (Negative or Positive & Substance)			
Supervisor's Comments (pertinent facts and history including attendance and behavior)					
Status: <input type="checkbox"/> LWOP <input type="checkbox"/> Suspension of _____ days, then eligible to use: <input type="checkbox"/> Sick Leave ( _____ days available, if known)					
<input type="checkbox"/> Suspension Pending Evaluation <input type="checkbox"/> Vacation Leave ( _____ days available, if known)					
Beginning date of suspension, if applicable: _____ Ending date of suspension, if applicable: _____					

Please complete and fax this form to us (at 808-597-8230) before the employee calls us so that we may schedule an appointment with them. If there is additional information you would like to provide us, please call us at 808-597-8222.