



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:	
Email Address:					
Mailing Address:					
Alternate (DER):		Phone:		Email:	
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: _____	
<input type="checkbox"/> Non – DOT Test	<input type="checkbox"/> Federal DOT Test – also check DOT mode:		<input type="checkbox"/> FMCSA	<input type="checkbox"/> FTA	<input type="checkbox"/> USCG
			<input type="checkbox"/> FAA	<input type="checkbox"/> FRA	<input type="checkbox"/> PHMSA
For FMCSA/CDL Drivers: CDL Number:			State of Issuance:		
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 scan/email this form to us (info@eapacific.com) or fax to 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 597-8222. It is the employee's responsibility to call us!