



Informal Referral

The supervisor is concerned about an employee who is going through a difficult time and wants to remind him/her that the EAP can offer free, confidential assistance. No information is released to the company about attendance or participation in EAP services. No forms are necessary!

Formal Referral to the EAP

A formal referral to the EAP is appropriate when a job performance problem exists. A supervisor should:

- Talk with your company's HR and/or your supervisor about making a Formal Referral.
- Call the EAP (at 808-597-8222) and ask for a supervisory consultation on how to handle the situation and to discuss whether a formal referral is appropriate. These calls are free, unlimited, and confidential.
- When completing the referral form, point out the specific **job performance issues** and the corrective action needed. DO NOT try to diagnose the problem. Make sure HR and/or your manager approve how you filled out the form before giving it to your employee.
- Indicate concern and a desire to help the employee resolve the job performance problems. Meet privately with the employee (and HR if appropriate) and share some version of:
 - We value you here, yet we have noticed these changes in your work performance;
 - We want you to do whatever it takes to take care of whatever is causing these work performance issues;
 - I am formally referring you to the EAP because I think this is the best way you can address whatever is going on and get some help in fixing the problem;
 - We trust them, it's free to you, and what you talk about is confidential;
 - They will only tell me whether you're attending EAP sessions, if you're cooperating with them, and if you follow up with what they recommend;
 - Please sign this form acknowledging we had this conversation;
 - They will let me know in a week if they haven't seen you;
 - I hope you do whatever it takes to follow through and get whatever help you need to make things better.
- Notify EAP at the time of making a formal referral by faxing the completed and signed supervisory referral form to EAP at 808-597-8230 or scan/email to info@eapacific.com
- Follow up with your employee in a few days to ask if they were able to reach the EAP. Call us back if we can help.

The EAP will then confirm (usually within a week) whether or not the employee contacted the EAP. All information between the EAP and the employee is confidential and will not be released without the employee's signed and written consent.



Employee Assistance of the Pacific
BACKGROUND DATA
FOR SUPERVISOR REFERRAL

Please attach this form when you fax or email the referral to the EAP.

This page does not need to be shared with the employee – it is for EAP statistical purposes only.

How long has this employee worked in this position? _____

How long has this employee worked for this employer/company? _____

In the last year:

Number of Sick Days (or unscheduled days off) used: _____

Number of Days on Workers' Comp: _____

Number of Vacation Days used: _____

Number of Days arrived late to work: _____

Number of Accidents: _____

Employee Performance overall: Excellent Good Average Poor

Employee Performance this past month: Excellent Good Average Poor

Safety-Sensitive position: Yes No

DOT-regulated position: Yes No

Job Duties: _____

Primary Issue related to referral:

Work Task Performance Issue

Attendance Issue

Behavior/Relationship Issue

Personal Appearance Issue

Health/Safety Issue

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This page does not need to be shared with the employee.



Employee Assistance of the Pacific SUPERVISORY REFERRAL FORM

*This form must be received by EAP **prior** to scheduling employee's appointment.
Please call (808) 597-8222 for consultation BEFORE making the referral.*

Employee: _____ Date: _____

Position: _____ Company: _____

Reason for Referral

Referral to EAP should be based on specific job performance difficulties. Documentation should focus on objective data. Please indicate the specific incidents, events, observed behaviors, or areas where the employee is/has not satisfactorily met performance expectations. (Attach additional pages if necessary.)

Desired Performance Outcome

Past Attempts to Intervene

Document all previous supervisory/administrative actions taken to remedy job performance difficulties. This could include performance evaluation meetings held to discuss the problem, operational changes made to accommodate the employee, and/or disciplinary actions taken in response to continued decline in job performance.

To the Employee - Conditions of This Referral

The content of EAP counseling is confidential and your supervisor (and/or company representative) **will not** be informed of the nature of your personal problems. However, the EAP **will** inform your supervisor (and/or company representative) whether you have attended counseling, your level of participation, and whether or not you are following EAP recommendations. Your employer reserves the right to implement further corrective action based on your company's policy and your job performance. Attendance at the EAP does not excuse you from standard job performance expectations.

Consent for Limited Disclosure

I hereby give my permission for the EAP to inform the specific company representatives(s) listed here:

_____ Supervisor (print name)	_____ Phone	_____ HR/Other Company Representative (print name)	_____ Phone
Email: _____		Email: _____	
Mailing Address: _____		Mailing Address: _____	
_____		_____	

of the following limited information:

- 1) whether or not I attend the program and the date(s) I met with the EAP
- 2) my level of participation with the program and progress
- 3) whether or not I am following EAP recommendations

The EAP will not inform any other party or disclose any other information without my written consent except as required by law, or if there is a threat of harm to self or to others.

Employee Signature

Date

Employee: Call the EAP within a week to set up an appointment.

EAP Office: (808) 597-8222 Neighbor Islands: (877) 597-8222 Fax: (808) 597-8230

Note: 1 copy each to employee, supervisor, HR office, and EAP

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