

Employee Assistance of the Pacific

Referring an Employee to the EAP

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 going, 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 SUPERVISORY REFERRAL FORM

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

Employee:	Date:
Position:	Company:
data. Please indicate the specific ind	specific job performance difficulties. Documentation should focus on objective cidents, events, observed behaviors, or areas where the employee is/has not stations. (Attach additional pages if necessary.)
Desired Performance Outcome	

employee, and/or disciplina	_	I to discuss the problem, operational changes made to accomm n in response to continued decline in job performance.
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To the Employee - Co	nditions of T	his Referral
whether or not you are fol	lowing EAP reco sed on your com	you have attended counseling, your level of participation, and mmendations. Your employer reserves the right to implement pany's policy and your job performance. Attendance at the EAP ormance expectations.
I hereby give my permission	<u> </u>	t for Limited Disclosure nform the specific company representatives(s) listed here:
I hereby give my permission Supervisor (print name)	<u> </u>	t for Limited Disclosure Inform the specific company representatives(s) listed here: HR/Other Company Representative (print name) Phone #
Supervisor (print name)	for the EAP to in	nform the specific company representatives(s) listed here:
	for the EAP to in	HR/Other Company Representative (print name) Phone #
Supervisor (print name) Email: Mailing Address: of the following limited inf 1) whether or not 2) my level of par	Phone Ormation: t I attend the pricipation with t	HR/Other Company Representative (print name) Email:
Supervisor (print name) Email: Mailing Address: of the following limited inf 1) whether or not 2) my level of par 3) whether or not	Phone Tormation: It I attend the pricipation with the pricipation of	hform the specific company representatives(s) listed here: HR/Other Company Representative (print name) Email: Mailing Address: Ogram and the date(s) I met with the EAP the program and progress

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

Neighbor Islands: (877) 597-8222

Fax: (808) 597-8230

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

EAP Office: (808) 597-8222