

**NEW DIRECTIONS EMPLOYEE ASSISTANCE PROGRAM
MANAGEMENT REFERRAL FORM**

****CONFIDENTIAL****

This form is to be used as a guide for communicating the extent and exact nature of your employee's decline in job performance or violation of work rule(s), in summary, the factors, which led to this referral. *This form should be forwarded to the EAP prior to the employee's appointment.*

Employee's Name: _____ Phone No. _____

Company Name: _____

Company Address: _____

Employee's Position: _____ Department: _____

Is the employee's position covered under DOT? Yes _____ No _____ Safety Sensitive? Yes _____ No: _____

Is this referral for a DOT Violation Yes _____ No _____

What is the nature of the declined work performance? _____

Current disciplinary action: _____

Additional behavioral observations or factors, which led to this referral: _____

Describe, by stating specific goals, what you expect this employee to achieve: _____

Communication regarding this employee will be directed to:

Name: _____ Position: _____ Phone No. _____

Name: _____ Position: _____ Phone No. _____

This form allows the EAP to advise the company as to whether the employee has kept his or her initial appointment and recommendations made. No additional information will be released without the employee's consent with exception to DOT/SAP cases where information release is required by law. *This authorization will be effective for one-year (1) from the date signed below, unless a specified date is provided* _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____