



Wholeness Healing EAP Employer/Supervisory Referral Form

Wholeness Healing EAP strives to provide successful outcomes for employer/supervisory referrals. Please include relevant information for this supervisory case. If there is information that has not been shared with the employee or that you do not wish to be shared with the employee, please indicate that, as well.

Complete this form and promptly submit it to WHC EAP (address and email listed below):

Employee Name: _____

Employee's Job Title: _____

Company Name: _____

Today's Date: _____

Referred By: _____

Title: _____

Phone: _____

Email: _____

Deadline by which employee is to call EAP for an appointment (if applicable):

Reason for Referral: (check all that apply and please complete checklists on the other side):

1. Ongoing Performance Deficiencies (please explain):

2. Gradual Performance Deterioration (please explain):

3. Drug/Alcohol Related Incident (please explain):

4. Critical Incident (please explain):

Employee's Current Level of Work Functioning (please circle one):

1. Outstanding 2. Above Average 3. Average 4. Below Average 5. Unsatisfactory

Supervisory Steps Already Taken (check all that apply and send helpful documentation):

1. Contacts with employee regarding work performance problems.

How many contacts _____

Date of each contact _____

Does the employee clearly understand improvements expected from the referral to EAP?

Yes _____ No _____

2. Verbal warning.

3. Verbal and written warning.

4. Second written warning.

5. Suspension. Length? _____

6. Return-to-work agreement. Copy enclosed? Yes _____ No _____

Work Performance Problems Check List:

Note: For each performance problem listed below, please rate the behaviors on a scale of one to five

- 1. **Never = does not happen**
- 2. **Rarely = happens once in a while Not an issue**
- 3. **Occasionally = happens once in a while; Is an issue**
- 4. **Frequently = happens with some regularity**
- 5. **Routinely = consistently happens**

(Never Rarely Occasionally Frequently Routinely)

- 1. Excessive sick leave _____
- 2. Excessive tardiness _____
- 3. Patterned absences (freq. absent Mondays/Fridays) _____
- 4. Frequent unscheduled absences without medical reason _____
- 5. Unauthorized absences _____
- 6. Significant accident rates _____
- 7. Wide swings in morale/mood _____
- 8. Difficulty in recognizing own mistakes _____
- 9. Makes mistakes due to inattention or poor judgment _____
- 10. Misses deadlines _____
- 11. Increasing difficulty in handling complex assignments _____
- 12. Complaints from customers _____
- 13. Complaints from co-workers _____
- 14. Overreacts to real or imagined criticism _____
- 15. Requires excessive or increased supervision _____

Wholeness Healing Center

Attention: EAP Services

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