



## 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**

**2608 Old Fair Road**

**Grand Island, NE 68803**

**Phone: 308-382-5297 ext. 127**

**Email: eap@wholenesshealing.com**