



**EMPLOYEE ASSISTANCE PROGRAM
MANAGEMENT REFERRAL FORM**

Date:	
Employer (& location):	
Name of Employee:	
Position:	Safety-sensitive: Y N
Number of days Employee has been absent in past 30 days?	
How has work performance been affected by this issue? (scale of 1 to 5, with 1 = no effect and 5 = extremely effected)	
Referred to EAP by:	
Title:	Phone number:
E-mail:	

REASON FOR REFERRAL:

Accident or Incident:	Violence or Threats:
Positive drug test:	Other (please describe):

PLEASE IDENTIFY ANY OF THE FOLLOWING WORKPLACE PROBLEMS:

Absenteeism	Interpersonal problems at work
Tardiness	Violence or threat of violence
Erratic Performance	Accident
Interpersonal Relationships	Other:

CURRENT DISCIPLINARY STATUS:

No Action:	Pending Termination:
Suspended:	Terminated:
Other:	
Confidential information (including attendance) may not be shared without written consent of the client. If client gives permission do you want to know if client attended? Yes No	
Send attendance information to:	
Name:	Title:
Phone:	E-mail:

Please e-mail to karen@jorgensenbrooks.com or fax to 520-844-1156

If you have any questions, please contact our Management Referral Team
520-575-8623 (Tucson) or 888-520-5400 (Toll Free)

Please have employee contact us within 24 hours of receipt of referral.

For office use only

Number of days employee has been absent in past 30 days after utilizing EAP services? _____
After utilizing EAP, how has work performance improved? _____
(scale of 1 to 5, with 1 = no effect and 5 = extremely effected)