



Employee Assistance Program

Bayside Medical Plaza
816 Independence Boulevard, Suite 3B
Virginia Beach, VA 23455
Phone: 757-363-6777 or
1-800-899-8174 Fax: 757-363-6778 or
1-866-474-4342

Optima EAP Formal Referral Paperwork

Formal Referral Procedure:

1. The referring Manager, Supervisor, or HR representative must contact EAP for a workplace consult.
2. The employee's manager or supervisor completes the 2-page Formal Referral Form included in this paperwork.
3. The manager documents the employee's job performance issues on the attached form, reviews the information and the form with the employee, and asks the employee to sign the form.
4. The manager, with the employee present, calls the Optima EAP office and explains that this is a Formal Referral and sets the date for the employee's initial appointment.
5. The manager faxes or emails the completed and signed Formal Referral form to the EAP office prior to the employee's session with Optima EAP.
6. Optima EAP is committed to providing timely feedback to the referring manager regarding the employee's attendance and compliance with EAP recommendations. With written consent from the employee, this information is provided within 3 business days of the scheduled appointment. If the referring manager is not going to be available during this time period, please give the name and contact information of an appropriate individual who can receive feedback about the employee.



Formal Referral Form

Employee Assistance Program

Company: _____ Department: _____

Employee Name: _____

Referring Manager: _____ Phone: _____

WHAT CHANGES IN WORK BEHAVIOR ARE EXPECTED BY THE COMPANY?

(Please list specific behavioral changes desired and how long the Company has been concerned about them.)

STEPS TAKEN TO ASSIST THE EMPLOYEE IN IMPROVING JOB PERFORMANCE

(Include, if applicable, when the employee was encouraged to access the EAP voluntarily, and what coaching, and/or corrective counseling was provided.)

DISCIPLINARY ACTION IN THE LAST 12 MONTHS

(List dates, reasons, and actions taken.)

IF ABSENTEEISM IS A REASON FOR THE REFERRAL, PLEASE COMPLETE THE FOLLOWING:

	Past 12 Months	Past 6 Months	Past 3 Months
Leave Without Pay	_____	_____	_____
Annual Leave	_____	_____	_____
Sick Leave	_____	_____	_____
Workers Comp	_____	_____	_____

This form is a tool to assist Managers and Optima EAP in the process of intervention. It is not a document to be used in an employee's performance evaluation, and it is not to be included in the employee's personnel file.

Reasons for Formal Referral (Please check all that apply):

- Positive test result for drugs
Positive for what substance? _____
Date of Test: _____
- Positive test result for alcohol
Date of Test: _____
- Suspected or observed drug or alcohol intoxication
- Absenteeism
- Tardiness
- Accidents on the job or that affect job performance
- Unacceptable safety practices
- Unacceptable quality
- Unacceptable or inconsistent performance
- Difficulty recalling instructions, details, etc.
- Missing deadlines
- Poor judgment and/or decision making
- Complaints from the public or customers
- Complaints from coworkers
- Disruptive/inappropriate behavior
- Inability to resolve conflicts with coworkers
- Unacceptable personal appearance and/or hygiene
- Avoidance of supervisor/supervision
- Moodiness, irritability, or morale that negatively affects workplace
- Not following company Policies and Procedures
- Failure to benefit from supervision, coaching, or corrective counseling
- Ineffective communication
- Personal problems impacting workplace
- Threatening or harassing behavior
- Other concern that affects work performance

Specific details for items checked above:

I have read the above and reviewed it with my Supervisor. My signature does not necessarily mean that I agree. By signing this statement, I give permission to Optima EAP to disclose to my Employer information regarding my attendance at EAP sessions, agreement to a Plan for changing the behaviors that led to the Formal Referral, and compliance/progress with the Plan.

Date Employee Signature

Date Supervisor Signature