

Jorgensen Brooks

GROUP

**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? _____

Referred to EAP by:

Title:

Phone number:

E-mail:

REASON FOR REFERRAL:

Accident or Incident: _____

Positive drug test: _____

Violence or Threats: _____

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

Jorgensen*Brooks contact: Carol Willett

*** Add separate sheet for submission of additional relevant information ***