MATRIX

INTEGRATED PSYCHOLOGICAL SERVICES
EMPLOYEE ASSISTANCE PROGRAMS INC.

SUPERVISORY REFERRAL TO EMPLOYEE ASSISTANCE PROGRAM

Supervisor's rating of employee:

	Not a Problem	Rarely a Problem	Sometimes a Problem	Frequently a Problem	Serious Problem
Absenteeism					
Tardiness					
Observance of Work Hours					
Quality of Work					
Quantity of Work					
Safety record (accidents, injury on the job, weapon on site, etc.)					
Erratic or disruptive behavior (complaining, aggressive behavior, disturbing other staff or patients)					
Acceptance of supervision (attitude, insubordination)					
Personal presentation (appearance, hygiene)					

Other behavior unacceptable to employer- Describe in detail citing specific examples of problem behaviors. Explain what changes are expected, how much time is allowed for changes to be made, and potential consequences if changes are not made (i.e., job termination, probation, etc.) Attach any supporting documents from the personnel file.

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We have read and discussed this form on _____ and employee agrees to accept referral to the EAP. (Date)

Company _____

Supervisor Name _____ Signature _____

Employee Name _____ Signature _____

Please include a signed Authorization to Obtain/Release Protected Information. Matrix will release to the employer, only information specifically authorized on the signed authorization form, and only to the extent relevant to the job performance issues cited above.

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