



Center for Family Life and Recovery, Inc. Employee Assistance Program  
Main Office: 502 Court Street, Suite 401, Utica, NY 13502, Phone (315) 733.1726, Fax (315) 733-1789  
[www.WhenTheresHelpTheresHope.com](http://www.WhenTheresHelpTheresHope.com)

**\*\*CONFIDENTIAL\*\***

**SUPERVISORY REFERRAL (PERFORMANCE RELATED) FORM**

*Please complete all information and fax to confidential fax at (315) 733-1789. This form should be filled out and sent as soon as possible preferably prior to the employee's first appointment. After faxing please keep your copy in employee's personnel file.*

**Company Name:** \_\_\_\_\_

**Employee Name (First, Last):** \_\_\_\_\_

**Supervisor or Designee Name (First, Last):** \_\_\_\_\_

**Supervisor Phone Number:** \_\_\_\_\_

**Company Mailing Address (to receive close of case letter-will be sent to Human Resources Personnel only or identified contact if there is no Human Resources Department):** \_\_\_\_\_

**CIRCLE ALL TOPICS THAT APPLY AND ATTACH SUPPORTING DOCUMENTATION WHEN ABLE:\***

- |                                   |                         |                             |
|-----------------------------------|-------------------------|-----------------------------|
| Absenteeism/Tardiness             | Often Away From Work    | Erratic Performance         |
| Faulty Judgment                   | Work Relationships      | Client Complaints           |
| Concentration Problems            | Frequent Accidents      | Argumentative               |
| Failure to Meet Deadlines         | Behavior Change         | Hostile or Violent Behavior |
| Refusal to Follow Direct Order    | "Last Chance" Agreement |                             |
| Positive Drug/Alcohol Test Result |                         |                             |
| Other (please list): _____        |                         |                             |

**Please provide a description of actions and job performance issues, giving dates, times, and specific examples of incidents. This information will enable our counselor to more successfully interact with your employee (include other supporting documentation, or use additional pages, if necessary).** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the employee in jeopardy of losing his/her job? If so, explain:** \_\_\_\_\_

\_\_\_\_\_

Contact supervisor with telephonic attendance updates as able? Circle **Yes** or **No**  
(1-2 telephonic updates can be requested per employee-a letter is always sent at close of case)

**Employee has been instructed by (date) \_\_\_/\_\_\_/\_\_\_ to call EAP and book their first appointment.**

→ Keep this page of information as your guide to the Supervisory Referral Process. Questions about the process can be directed to the assigned Counselor or EAP Coordinator (315) 733-1726 or [eap@cflrinc.org](mailto:eap@cflrinc.org).

## THE SUPERVISORY REFERRAL PROCESS

Next steps:

1. Inform your Human Resources Department or identified contact that you would like to make a supervisory referral.
2. Meet with the employee to explain performance related concerns. Share information about the Employee Assistance Program. Explain that employee is being referred as a “Supervisory Referral” to the Employee Assistance Program- a short-term assessment and referral counseling service that is free and confidential. The goal of Supervisory Referrals is for the employee to be empowered to make a positive change, resulting in improved workplace performance.
3. You, as the supervisor, can request telephonic updates from the Employee Assistance Program Counselor about attendance as the employee attends sessions. Human Resources will receive a final letter of positive or negative compliance at close of case for the personnel file. Further information can only be obtained if there is a release of information on file for the employee.
4. Instruct the employee that they should call the Employee Assistance Program at (315) 733-1726 or 1-800-729-6822 to set up an appointment. You, as the supervisor, may call and set up the appointment for your employee if deemed necessary. When calling, specify “Supervisory Referral.”
5. Gather any supporting documentation and fill out the form on reverse.
6. Fax form and supporting documentation to Employee Assistance Program’s confidential fax at (315) 733-1789. The assigned Counselor will review these materials prior to the first session of the employee and will contact you if there are any questions.
7. Supervisory Referrals are a minimum of 2 appointments. Appointments are typically weekly and are booked according to the availability of the employee to come in for appointments. A variety of times and dates are available.
8. A letter of compliance or non-compliance is sent out at the close of the case to Human Resources.
9. Questions about the Supervisory Referral process may be directed to the assigned Counselor or to the EAP Coordinator.
10. Non-compliance or no-show clients that do not call to reschedule will generate an automatic letter of non-compliance.

\*Please Note: EAP attendance cannot be used as a condition of continued employment. A referral to EAP, however, demonstrates that you have provided a reasonable accommodation to the employee to aid in addressing personal/work issues. Employees do not have to use the EAP, but they do need to change performance behavior. Therefore, if an employee refuses to use EAP, remind him/her that performance still needs to change and the EAP is one path to helping him/her change behavior. An appropriate statement for referring an employee is, “I would like you to make an appointment with EAP” and then offer to assist in making the call from your office. Always document that you made a supervisory referral.