



CHI St. Alexius Health

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Employee Assistance Program

FORMAL SUPERVISORY REFERRAL TO CHI ST. ALEXIUS HEALTH EMPLOYEE ASSISTANCE PROGRAM

Company Name: _____ Today's Date: _____

This information can be faxed to CHI St. Alexius Health Employee Assistance Program at (701) 530-7193. Prior to faxing please call EAP program staff at (701) 530-7195 to communicate a referral is being initiated.

Referred Employee:

Name: _____ Contact Information: _____

Referred By: _____

Referral Source Contact Information: _____

REASON FOR REFERRAL

Performance concerns

- Difficulty working with others
- Unacceptable quantity of work
- Unacceptable quality of work
- Communication problems
- Safety violations
- Leaving early
- Excessive absenteeism
- Punctuality

Substance Abuse Policy Violation

- Violation of Workplace Policy
- Violation of D.O.T. Rules & Regulations

Was there a positive drug screen? Yes (date _____) No

ADDITIONAL COMMENTS BY REFERRAL SOURCE

Describe employee's current status. e.g. conditions for continued employment, disciplinary action pending, etc.; and any other special instruction to assist with EAP process.

This was discussed with the employee: Yes (date _____) No