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 quality of work
- Safety violations
- Excessive absenteeism
- Unacceptable quantity of work
- Communication problems
- Leaving early
- 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