Office of Human Resources
Employee Assistance Program
Counseling Referral Form

TO:

FROM:

DATE:

RE: REFERRAL FOR COUNSELING WITH THE EMPLOYEE ASSISTANCE PROGRAM

Employee's Name:	**Title:**
Department:	**Phone Ext.**
Supervisor's Name:	**Phone Ext.**
Employee's Work Schedule:	**Shift:**

The above named employee is being referred to the Employee Assistance Program for counseling for the following reasons: (Please be specific regarding the reason for referral. If necessary, you may attach pertinent supporting documentation, ie. letters of counseling, performance evaluations, significant events, a Reasonable Suspicion form, etc.).

EMPLOYEE HAS BEEN ADVISED OF THIS REFERRAL YES _____ NO _____

NOTE: An employee needs to be advised that a referral for counseling is being made in order for an appointment to be scheduled. Without the information from the supervisor, the EAP counselor only hears one side of the story - the employee's. Your input is crucial for a complete understanding of the issue.

Revised 5/2011