



EMPLOYER/Supervisory REFERRAL to EAP

CENTER POINTE PROFESSIONAL PLAZA
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Best Care EAP strives to provide successful outcomes for employer/supervisory referrals. Please include as much helpful and relevant information as possible for this referral. If there is information that has not been shared with the employee or that you do not wish to be shared with the employee, please indicate that as well. Complete this form and promptly submit it to EAP when you make the referral.

Employee Name: _____ Employee's Job Title: _____

Company Name: _____ Today's Date: _____

Referred By: _____ Title: _____ Phone: _____

Address: _____ City: _____ State: _____

Email: _____

Deadline by which employee is to call EAP for an appointment (if applicable):

Reason for Referral is due to (mark all that apply and please complete checklists on the other side):

☐ 1. Ongoing Performance Deficiencies (please explain):

☐ 2. Gradual Performance Deterioration (please explain):

☐ 3. Alcohol/Drug Related Incident (please explain):

☐ 4. Critical Incident (please explain):

Employee's Current Level of Work Functioning (please circle one):

1. Outstanding 2. Above Average 3. Average 4. Below Average 5. Unsatisfactory

Supervisory Steps Already Taken (mark all that apply and send helpful documentation):

- ☐ 1. Discussion with employee regarding work performance problems.
How many discussions? _____ Dates _____
Does the employee clearly understand improvements expected from the referral to EAP?
Yes _____ No _____
- ☐ 2. Verbal warning.
- ☐ 3. Verbal and written warning.
- ☐ 4. Second written warning.
- ☐ 5. Suspension. Length? _____
- ☐ 6. Return-to-work agreement. Copy enclosed? Yes _____ No _____

Work Performance Problems Check List

Note: For each performance problem listed below, please check the appropriate box to the right, signifying the severity of the problem.
Never = does not happen. Rarely = happens once in a while; not an issue. Occasionally = happens once in a while; is an issue.
Frequently = happens with some regularity. Routinely = consistently happens.

	Never	Rarely	Occasionally	Frequently	Routinely
1. Excessive sick leave.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Excessive tardiness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Patterned absences (freq. absent Mondays/Fridays)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Frequent unscheduled absences without medical reason.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Unauthorized absences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Significant accident rates.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Wide swings in morale/mood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Difficulty in recognizing own mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Makes mistakes due to inattention or poor judgment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Misses deadlines.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Increasing difficulty in handling complex assignments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Complaints from customers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Complaints from co-workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Overreacts to real or imagined criticism.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Requires excessive or increased supervision.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>