



ATTENTION SUPERVISOR: Supervisor referrals are a resource for human resource professionals and supervisors in addressing employee behaviors in the workplace. If you are new to the process or have questions, call **800-627-8220** and ask to speak to The Village EAP Supervisor Helpline to assist with the referral process. Completed forms can be emailed to referral@thevillagefamily.org or faxed to 651-925-0057, Attn: Intake Department.

FORMAL SUPERVISOR REFERRAL FOR JOB PERFORMANCE ISSUES

Employee Name: _____ Employee's Job Title: _____
Employee Date of Birth: _____ Today's Date: _____
Company Name: _____
Primary Contact/Supervisor: _____ Title: _____
Email _____ Phone _____ Ext. _____

REASON(S) FOR REFERRAL

Please mark each performance issue you are addressing in this referral:

- | | |
|---|--|
| ☐ Communication Issues | ☐ Unacceptable Quality of Work |
| ☐ Difficulty Working with Others | ☐ Unacceptable Quantity of Work |
| ☐ Safety Violations | ☐ Violation of Company Policy |
| ☐ Attendance and Punctuality | |

Provide specific examples of performance issues: _____

Employers must have had one or multiple discussions with employees prior to sending in a formal referral. Describe these conversations with estimated dates: _____

WHAT ARE THE GOALS FOR THIS REFERRAL?

Describe the desired outcome: _____

How will you measure progress: _____

What is the timeframe to accomplish the goal(s): _____

EMPLOYEE AGREEMENT

By signing below, I _____, understand:

- It is my responsibility to contact The Village (800-627-8220) to schedule my initial appointment with intake staff
- That I will be moved to a non-compliant status if I have not scheduled the initial appointment within one week of referral
- That my file will be closed with a non-compliant status if I have not scheduled the initial appointment within two weeks of referral
- It is my responsibility to schedule any/all follow-up appointments in a timely manner (usually two weeks) • This formal referral will continue until my counselor/evaluator and/or my employer say I have reached the goals they have set for me
- My participation and cooperation is expected in this process

SIGNATURE REQUIRED

Client/Employee Signature

Date

EMPLOYEE SIGNATURE AND RELEASE OF INFORMATION

By signing below, I _____, hereby authorize The Village program staff, EAP Affiliate and the
(print name)

supervisor listed above to exchange pertinent and relevant information regarding:

1. My scheduling and treatment with The Village or EAP Affiliates.
2. My not scheduling/scheduling of appointments through The Village or EAP Affiliates.
3. Verification of my attendance at scheduled appointments.
4. Results and recommendations of my counseling or consultation through The Village or EAP Affiliates.
5. Information regarding compliance with recommendations.
6. Program involvement dates and program completion information.

My signature also serves as acknowledgment that the relevant policies and procedures affecting me have been clearly explained to me.

SIGNATURES REQUIRED

Client/Employee Signature

Date

As a supervisor, I have explained the relevant policies and procedures described in this form. The employee has indicated his/her understanding of these issues.

Supervisor/Primary Contact Signature

Date

HR Representative Signature

Date

The Village's Contact Person's Signature

Date

Notice to whomever disclosure is made concerning addiction records: This information has been disclosed to you from records protected by the Federal Confidentiality rules (42 CFR, Part 2). The federal rules prohibit you from making further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

