



HFHS-EMPLOYEE ASSISTANCE PROGRAM
FORMAL/DISCIPLINARY ACTION REFERRAL

Employee Name: _____ Date: _____

Employee Job Title/Department: _____ Job is in jeopardy: Yes No

Manager/Supervisor/HR Name: _____ Phone: _____

Please write the reason(s) why employee is being referred for EAP services:

What type of referral is this?

Formal

Manager/Supervisor/HR requires that employee be seen by EAP regarding the above stated problem/concern. No disciplinary action taken at this point.

Disciplinary Action

Manager/Supervisor/HR requires that employee be seen by EAP regarding the above stated problem/concern as part of the disciplinary process. Future disciplinary actions may occur.

1. How many work hours per week have been affected by the above problem/concern?
 1-5 Hours 6-12 Hours 12-24 Hours 24-36 Hours >36 Hours
2. How much supervisory time has been spent addressing this problem/concern?
 1-5 Hours 6-12 Hours 12-24 Hours 24-36 Hours >36 Hours
3. How many work hours would you estimate this problem/concern has affected other staff member productivity?
 1-5 Hours 6-12 Hours 12-24 Hours 24-36 Hours >36 Hours
4. To what degree has this problem/concern affected customer service in your department?
 Marginally Somewhat Significantly Profoundly
5. How long has this problem/concern existed?
 1-6 days 1-3 weeks 1-3 months 3-6 months >6 months
6. What measures have been initiated to address this problem/concern?
 Training Verbal Warning Written Warning Suspension
7. Have you referred other employees for EAP services?
 Yes No
8. Has this employee ever been referred to EAP for other problems/concerns?
 Yes No

Supervisor/Manager Fax this to EAP (313) 874-6293

Employee Copy

TO: _____

FROM: _____

DATE: _____

SUBJECT: Referral to the Employee Assistance Program

This memo is to notify you that you are being referred to the Employee Assistance Program (EAP) for any help you might need in addressing any problem(s) that may be affecting your recent job performance. The item(s) listed below are of concern to me:

The above-mentioned incident(s) have caused me sufficient concern to make this referral. Previous discussion with you on _____ has not resolved your job performance problem(s). It is my expectation that the above mentioned job performance problem(s) will be resolved.

The EAP is designed to assist you in addressing any problem(s) that may be affecting your work or your personal life. This program is CONFIDENTIAL and FREE and I urge you to take advantage of the service offered by them. The only information that is shared with me by the EAP counselor is if you keep the appointment and if you follow through on EAP recommendations. No details about your problem or about the EAP recommendations will be shared with me.

Please contact EAP for an appointment as soon as possible.

<p>EMPLOYEE ASSISTANCE PROGRAM (313) 874-7122 888.EAP.HFHS (327.4347)</p>
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Whether or not you contact the EAP is your choice. I will, however, follow up with you on _____ to review your job performance. If the above mentioned problem(s) are not resolved within a reasonable period of time, further action will be taken.

NO COPY OF THIS MEMO WILL BE PLACED IN YOUR HUMAN RESOURCES PERSONNEL FILE AND IT WILL NOT BE DISCUSSED WITH YOUR CO-WORKERS.