## **Deaconess CONCERN: EAP**

## **Supervisory Referral Protocol**

Responsible Person		<u>Activity</u>		
Supervisor:	1.	Observes work performance and documents observation		
	2.	Discusses work performance with internal management.		
	3.	Completes SUPERVISORY REFERRAL FORM.		
Supervisor and/or Human Resources:	4.	Meets with employee; employee signs SUPERVISORY REFERRAL FORM; supervisor advises employee to call CONCERN for appointment.		
	5.	Mails or faxes form to Clinical Coordinator at CONCERN (address & FAX number at bottom of form).		
Employee:	6.	Calls to schedule appointment.		
EAP Counselor:		Calls Supervisor/Manager for clarification of supervisory referral if necessary.		
	8.	Meets with employee and obtains employee signature on Release of Information Form.		
	9.	Contacts supervisor after 1 <sup>st</sup> counseling session to confirm employee's attendance and participation.		
	10.	Monitors treatment plan; continues contact with supervisor if applicable.		
	11.	Contacts supervisor when case is closed.		

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## SUPERVISORY REFERRAL FORM

Date:				
Employee Name:	DOB:			
Job Title: Company Name:				
Name and Title of Person completing this for	rm:			
Name of Person to be contacted by Counseld	or:			
Phone Number of Contact Person:  Please evaluate the employee's work perform appropriate column that describes the level of	nance based on the criter	ria listed below. Pleas	se check the	
	Meets or Exceeds	Needs	Presents Serious	
<ol> <li>Attendance</li> <li>Punctuality and/or Leaving Early</li> <li>Quality of Work</li> <li>Quantity of Work</li> <li>Safety Record (job accidents/injuries)</li> <li>Acceptance of Supervision</li> <li>Organizational Habits</li> <li>Personal Presentation</li> <li>Other (specify in comments)</li> </ol> Comments:	Standards	Improvement	Concerns	
Signature of Person completing this form  This Supervisory Referral has been reviewed with release information regarding my attendance and			ONCERN: EAP to	
Employee Signature		Date		

Please return completed and signed form by **mail** or **fax** to:

Clinical Coordinator
Deaconess CONCERN: EAP
445 Cross Pointe Blvd., Suite 230
Evansville, IN 47715
(812) 471-4611 or 1-800-874-7104

FAX: (812) 476-5177