

Southern HealthStyles, Inc.

Form to be used by Dept Heads of Aiken County Government Only

Mandatory Referral to EAP

Employee Name _____ Date _____
Employee Job Title _____ Department _____
Company Name _____ Phone _____
Appointment Date _____ Time _____ EAP Contact _____

Reasons for Referral

- Excessive Absenteeism
- Excessive Tardiness, Leaving Early
- Unusual Excuses for Absenteeism (see comment below)

- Unacceptable Conduct (see comment below)

- Leaves Work Station Frequently
- Extends Lunch Periods, Breaks, Vacations
- Other (specify below)

Job Performance

- | | |
|--|---|
| <input type="checkbox"/> Low Quality of Work | <input type="checkbox"/> Excessive Errors |
| <input type="checkbox"/> Erratic Work Patterns | <input type="checkbox"/> Bad Judgment |
| <input type="checkbox"/> Lack of Concentration | <input type="checkbox"/> Decreased Output |
| <input type="checkbox"/> Missed Deadlines | <input type="checkbox"/> Other (Describe Below) |

Supervisor's Evaluation

(Summarize and give date of latest evaluation of this employee's job performance)

Behavior on the Job

- | | |
|--|--|
| <input type="checkbox"/> Avoids Supervisor/Co-Workers | <input type="checkbox"/> Unusually Critical of Others |
| <input type="checkbox"/> Disregards Safety | <input type="checkbox"/> Does not Communicate |
| <input type="checkbox"/> Lacks Interest/Enthusiasm | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Unusually Sensitive to Criticism | <input type="checkbox"/> Other (specify) |

Physical Appearance/Grooming (explain)

Additional Comments by Referring Supervisor

Above observations have been discussed with employee. yes no

If yes, when _____

Describe employee's current status

Employee's Signature _____

Employee's Supervisor Signature _____

EAP Contact Person's Signature _____