



Formerly Hawaii Employee Assistance Services

Taking Care of the Human Side of Your Business

FORMAL SUPERVISORY REFERRAL FORM

PROCEDURES FOR MANAGERS & SUPERVISORS

1. Please call WorkLife Hawaii at (808) **543-8445** for consultation **FIRST**. We will walk you through the process and help you sort through options, and be ready for your employee before they call.
2. Fill out the first part of this form and follow your company's procedures, which in many cases include talking with HR. Take time to revise the form as needed **BEFORE** sharing it with the employee, so you (or your company) do not write something on the form that shouldn't be there (like a diagnosis or personal issues).
3. Share the completed form (attached, not this cover sheet) in a private setting with your employee. Things to cover include:
 - a. You are a valued employee;
 - b. We have noticed these changes in your work performance;
 - c. We want you to do whatever you can to take care of whatever is going on that is creating these performance problems;
 - d. We want you to go talk with someone at the EAP;
 - e. It's confidential, they won't tell us anything unless you let them and sign a form saying they can;
 - f. They are professionals, our company trusts them, and this is a free benefit to you we hope will help you;
 - g. Please sign this form saying that we had this conversation;
 - h. The EAP will let me know in 10 days if they haven't seen you;
 - i. I hope you follow through and get whatever help you need to make things better;
 - j. Call the EAP to set up an appointment. Their number is:
Oahu: **543-8445** Neighbor Islands (Toll-Free): **1-800-994-3571**
4. Fax the completed form to our Oahu office: (808) **543-8487**. Follow up with the staff in a few days to ask if they were able to reach the EAP. Call us back if we can help.

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Supervisor: Please call the WorkLife Hawaii office at (808) 543-8445 BEFORE making the referral.
Follow company policies (e.g. informing HR) BEFORE sharing this form with the Employee.

Employee Name _____ Date _____

Position/How long there? _____

Company _____

Supervisor/Co. Rep. Name & Title _____

Co. Mailing Address _____

Phone Number _____ FAX _____ Email _____

Current and Previous Work Performance Problems:

Referral to the EAP should be based on specific, observable job performance problems. Please indicate specific incidents, events, observed behaviors, or areas where the employee has not met performance expectations. (Please attach additional pages if necessary.)

Desired Performance Improvement:

Be specific about what you want to observe in terms of improvement in work performance.

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Past Attempts to Intervene:

Indicate all previous supervisory/administrative actions taken to address the job performance difficulties.

Do you expect feedback from counseling sessions beyond attendance? ☐ Yes* ☐ No

If yes, what else do you need to know? _____

☐ Progress ☐ Recommendations ☐ Referrals (if any)

*If the employee declines to sign an *Authorization to Use and Disclose Confidential Information/Protected Health Information* form with the EAP counselor, only attendance information will be provided if s/he has signed this referral form.

Conditions of Referral:

EAP counseling is confidential and your supervisor (or other company representative) **will not** be informed of the nature of your personal problems. However, the EAP **will** notify your employer of your attendance within ten (10) working days of the referral. Your employer may implement corrective action based on your company's policy regarding your job performance. Attendance at the EAP will not protect you from further disciplinary action if your performance does not improve. You are still responsible for meeting standard job performance expectations set by your employer.

Consent for Limited Disclosure:

I authorize WorkLife Hawaii to provide the following information to _____,
(Name of Supervisor/HR/Company Representative)

in writing and/or through the telephone at _____:
(Phone Number)

- Whether or not I scheduled an appointment and met with a counselor, and
- The date(s) I met with a counselor.

WorkLife Hawaii will not inform any other party or disclose other information without my written consent except as required by law.

Employee Signature

Date

Employee: Call the EAP to set up an appointment. Their number is:
Oahu: 543-8445 Neighbor Islands (Toll-Free): 1-800-994-3571

Supervisor: This form must be received in our office prior to scheduling the employee's appointment. Please complete this form with the employee, give a copy to the employee, then fax a copy to the WorkLife Hawaii central office at: **808-543-8487**.