



**Human Development Company  
MANAGEMENT REFERRAL FORM**

Name of Company/Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Supervisor/HR Official (Point of Contact-Release of Information): \_\_\_\_\_

Referring Supervisor/HR Official Number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_ Length of Service: \_\_\_\_\_

What concerns do you have that led you to refer this employee to the EAP? (Attach additional information if needed)

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Has any progressive disciplinary procedure been initiated with this employee? If so, please describe and include a copy of documentation, if appropriate.

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Please describe specific expectations for improvement required of employee in regard to workplace performance or behavior: (Attach additional information if needed)

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Employee has been scheduled for an appointment on \_\_\_\_\_ at \_\_\_\_\_ am/pm.

OR

Employee is to schedule an appointment by calling 502-589-4357/800-877-8332, no later than: \_\_\_\_\_ (date).

**Employee has been informed and understands that compliance with this Management Referral and the EAP's recommendations does not relieve him/her of the responsibility for meeting workplace behavioral and performance expectations as established by the employer.**

\_\_\_\_\_  
(Signature of Supervisor/HR Official)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)

Please fax this completed form and any other pertinent information to 502-589-5545 **prior** to the employee's appointment with the EAP. Contact us at 502-589-4357/800-877-8332, if you have any questions.