



502-589-4357

800-877-8332

**FORMAL MANAGEMENT REFERRAL
Release of Information**

Company: _____ Date: _____
(Employer)

I, _____, understand that I am being referred to
(Name of Employee)

Human Development Company for problems and/or safety concerns in the workplace. I understand that I must contact **Human Development Company**, by _____ to schedule an appointment.
(Date and Time)

Information to be released includes but may not be limited to:

- 1. Scheduled appointments and attendance
- 2. Recommendations pertinent to resolution of identified workplace problems
- 3. Compliance with these recommendations
- 4. Completion of EAP recommendations

I authorize Human Development Company to release this information to:

Name of Referring Supervisor/Manager/HR Liaison (Please Print)

Phone Number(s) Email Address

I understand that this referral is part of an effort to improve job performance and/or workplace behaviors.

Signature (Employee) Print Name Date

Referring Supervisor Signature (Employer) Print name Date

**PRIOR TO THE FIRST EAP VISIT, please fax this form to
Human Development Company at (502) 589-5545**