

REFERRAL OF CIVILIAN EMPLOYEE TO THE EMPLOYEE ASSISTANCE PROGRAM (EAP)
(AR 600-85)

NOTE: Prepare this form in the original only and file in the EAP client case file.
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TO:	FROM: (Name/Position/Phone#)	DATE
1: _____		
2: EAP		

PART A - TO THE EMPLOYEE

1. I AM REFERRING YOU TO THE EAP FOR SCREENING AND/OR COUNSELING DUE TO:

- A. DUTY PERFORMANCE C. ON THE JOB CONDUCT E. REQUEST OF EMPLOYEE
B. ATTENDANCE D. POSSIBLE HEALTH PROBLEMS F. OTHER (SPECIFY)

2. THIS REFERRAL IS BEING MADE BY:

- A. SUPERVISOR C. OCCUPATIONAL HEALTH/MEDICAL E. OTHER (SPECIFY)
B. CPAC D. UNION

3. AN APPOINTMENT HAS BEEN MADE FOR YOU TO MEET THE EAP COORDINATOR (during duty hours) IN BUILDING _____ AT (date/time) _____. DISCUSSION WITH THE EAP IS CONFIDENTIAL AND PARTICIPATION IN THE PROGRAM IS VOLUNTARY. REFERRAL TO THE EAP IS A BENEFIT OF YOUR FEDERAL EMPLOYMENT.

PART B - FOR THE EAP

4. THE SPECIFIC REASON(S) FOR THIS REFERRAL ARE: (attach copies of all relevant supporting documents - counseling record, leave history, etc.)

5. IF THE SUPERVISOR IS MAKING THIS REFERRAL, COMPLETE ALL OF THE APPLICABLE ITEMS:

- A. DUTY PERFORMANCE EXCELLENT GOOD FAIR UNSATISFACTORY
B. LEAVE BALANCE: _____ HOURS ANNUAL _____ HOURS SICK

C. HISTORY OF UNPROGRAMMED LEAVE: _____

SUPERVISOR REFERRAL EVALUATION WORKSHEET

NAME OF EMPLOYEE: _____ **RANK:** _____

NAME OF SUPERVISOR: _____ **RANK:** _____

EMPLOYEE'S WORK ORGANIZATION: _____

EMPLOYEE'S LENGTH OF SERVICE: _____

Please check items that apply. You may check more than one item per block (these are issues supervisor will discuss with employee before EAP appointment).

TIME & ATTENDANCE:

- Always on time for work
- Occasionally late for work
- Often leaves work early
- Often tardy for work
- Excessive use of sick leave

QUALITY OF WORK:

- Exceptional work
- Satisfactory work
- Barely acceptable work
- Has bottomed out and is improving
- Has peaked out and is declining
- Unsatisfactory with many errors

DECISION MAKING:

- Sound judgment based on facts
- Uses good common sense
- Reasons things out intelligently
- Ability to make decisions is declining
- Jumps to conclusions
- Acts impulsively

JOB PERFORMANCE:

- Superior
- Above average
- Generally about average
- Has been improving
- Has been declining over time
- Poor

APPEARANCE:

- Always appropriate
- Sometimes inappropriate
- In decline (not what it once was)
- Inappropriate _____
- Unkempt appearance
- Poor personal hygiene (body odor, lack of cleanliness, etc.)
- Sometimes has alcohol odor present

WORK RELATIONSHIPS:

- Good team worker and cooperative with supervisors
- Generates confidence in her/himself and others
- Works well with others
- Employee is potential leader
- Makes a fair impression and is accepted by others
- Keeps to him/herself - works alone
- Avoided by other workers
- Often in conflict with fellow workers
- Creates dissatisfaction

DEPENDABILITY:

- Conscientious and very dependable
- Gives a full day's work with little supervision
- Steady worker, with some supervision, will do a good day's work
- Requires close supervision
- Often cannot be found in his/her work area

WORKPLACE BEHAVIOR:

- Alert and seeks responsibility
- Appears happy and satisfied
- Perfectionist (does not tolerate error)
- Moods seem to fluctuate
- Depressed and seems lonely (withdrawn)
- Sulks and broods
- Irritable and dissatisfied

PHYSICAL STATUS:

- Always fit and good condition
- No noticeable defects or handicaps
- Usually satisfactory (can keep up w/workload)
- Below par (generally observable)

Explain: _____

Sometimes has marijuana odor present

Declining over a long time period.
Explain _____

Remarks: _____

EMPLOYEE SIGNATURE
(Recommended, not required)

DATE

SUPERVISOR SIGNATURE

DATE

INSTRUCTIONS:

Supervisor will complete form and review with employee. Supervisor will telephone EAP Office and advise that form is ready to be faxed to EAP Office with attached Privacy Act Form Cover - DD 2923. EAP staff will acknowledge receipt of form. Supervisor will provide employee with original form.

Original - Employee

Faxed Copy - EAP Office

EAPC CONTACT INFORMATION:
SOLDIER SUPPORT CENTER
BLDG.4-2843, NORMANDY DRIVE
FORT BRAGG, NC 28310
(GROUND FLOOR, WING M, ROOM B-C-1)
PHONE: (910) 396-5784
FAX: (910) 396-8296



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