



Formal Management Referral Guide

800-925-5EAP (5327) www.americanbehavioral.com



Identifying the Troubled Employee

Check all that apply to the employee in question. While any of these actions may be indicative of a troubled employee, remember that all employees occasionally exhibit some of these problems. The key is to look for consistent behavioral patterns that signal the need for intervention.

| Absenteeism | | Me | emory Problems |
|--|--|-------------------------------|--|
| □ Excessive□ Frequent M | Tithout Permission Sick Leave Monday and/or Friday Absences ork, Especially on Monday Mornings | <u> </u> | Difficulty in Recalling Instructions, Details, Conversations, etc. Difficulty Recalling One's Own Mistakes |
| and/or Ret | urning From Lunch | Co | nfusion |
| Absences a | Vork Early and Increasingly Unbelievable Excuses for and/or Lateness ore Often Than Usual for Colds, Flu, | <u> </u> | Difficulty Following Instructions Increasing Difficulty Handling Complex Assignments |
| | tc. Unscheduled Short-term Absences, With ut Medical Explanation | Un | neven Work Pattern |
| our withou | at Wedieur Explanation | | Alternating Periods of High and Low Productivity |
| Presenteeism | | Do | porting to Work |
| □ Longer-tha□ Repeated 0 | Absences From Post or "Goofing Off" an-normal Coffee Breaks On-the-Job Physical Illness For Which the Does Not Seek Medical Attention | | Coming to/Returning to Work in an Obviously Altered Condition |
| | rips to the Restroom | Lo | wered Job Efficiency in General |
| ☐ History of Performan | On-the-Job Accidents Off-the-Job Accidents Affecting Job | | Missed Deadlines Waste, Using More Material(s) Than Necessary Complaints From Customers or Clients Improbable Excuses for Poor Job Performance Cannot Be Depended on to be Where They Say They Will Be or Do What They Say They Will Do |
| Conditions | | _ | |
| Concentration Difficulties | | Poor On-the-Job Relationships | |
| □ Work Requ□ Assignmer□ Repeated N | uires Greater Effort Than Normal nts Take More Time to Complete Mistakes Due to Inattentiveness Bad Decisions and/or Poor Judgment | | Failure to Keep Promises and Unreasonable Excuses for Failing to Keep Promises Over-Reaction to Real or Imagined Criticism Wide Mood Swings Borrowing Money From Co-Workers Unreasonable Resentments Avoiding Other Employees Lying and Exaggerating |

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Formal Management Referral

Date of Referral:

| Contact Information | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|
| Company: | ompany: Division/Subsidiary: | | | | | | |
| Management Contact: | Job Title: | | | | | | |
| Phone #:E-mail Address: | | | | | | | |
| City/State: | | | | | | | |
| Employee Information | | | | | | | |
| First and Last Name: | Date of Birth: | | | | | | |
| Home Address: | | | | | | | |
| | | | | | | | |
| Home Phone #: | Cell Phone #: | | | | | | |
| Length of Employment: | □ 0-5 Years □ 6-10 Years □ 11-20 Years □ 21+ Years | | | | | | |
| Current Job Status: | □ Active (Please Indicate Work Schedule) □ Suspended With Pay □ Suspended Without Pay □ Leave of Absence □ Last Chance Agreement | | | | | | |
| Reason(s) For Referral | ☐ Other (Please Specify) | | | | | | |
| | | | | | | | |
| If Substance Use is Involved, Plea | se Specify the Following: | | | | | | |
| Substance Used: | ☐ Alcohol ☐ Drug(s) (Please Specify) | | | | | | |
| Was Employee Tested? | ☐ Yes ☐ No | | | | | | |
| If Yes, What Prompted The Testi | ng? □ Random Screen □ Self-Referred □ DUI □ Suspicion/Cause □ Other (Please Specify) | | | | | | |
| • • | by the Department of Transportation? | | | | | | |

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Formal Management Referral Letter

| This letter documents your formal referral to the American Behavioral Employee Assistance Program (EAP). The EAP provides assistance in addressing problems affecting your personal life and your work performance. | | | | | | |
|---|---|---------------------------------|--|--|--|--|
| The following job performance and/o | or conduct problem(s) is the reason for this refe | erral: | | | | |
| | | | | | | |
| | | _ | | | | |
| _ | ion form at your initial session. This will a nanager and/or human resources (HR) represen | | | | | |
| The outcome of the initialProgress reports; andA summary and recomme | assessment; ndations report at the conclusion of your EAP | sessions. | | | | |
| American Behavioral provides this in | formation only to the manager and/or HR cont | tact(s) signing this letter. | | | | |
| schedule an appointment. American | required to contact American Behavioral wi Behavioral will notify the appropriate manag ne referral, your company will determine the co | ger and/or HR contact(s) if you | | | | |
| The Undersigned Employee: | ☐ Accepts the Referral | | | | | |
| | ☐ Declines the Referral | | | | | |
| Employee Signature | | Date | | | | |
| | | | | | | |
| Manager Signature | | Date | | | | |
| Signature of Human Resources Rep | presentative | Date | | | | |

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