



**American Behavioral®**

# Formal Management Referral Guide

800-925-5EAP (5327)

[www.americanbehavioral.com](http://www.americanbehavioral.com)



## American Behavioral <sup>®</sup>

### 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

- Leaving Without Permission
- Excessive Sick Leave
- Frequent Monday and/or Friday Absences
- Late to Work, Especially on Monday Mornings and/or Returning From Lunch
- Leaving Work Early
- Peculiar and Increasingly Unbelievable Excuses for Absences and/or Lateness
- Absent More Often Than Usual for Colds, Flu, Gastritis, etc.
- Frequent, Unscheduled Short-term Absences, With or Without Medical Explanation

#### Presenteeism

- Continued Absences From Post or “Goofing Off”
- Longer-than-normal Coffee Breaks
- Repeated On-the-Job Physical Illness For Which the Employee Does Not Seek Medical Attention
- Frequent Trips to the Restroom

#### High Accident Rate

- History of On-the-Job Accidents
- History of Off-the-Job Accidents Affecting Job Performance
- “Horseplay” or Other Actions Causing Unsafe Work Conditions

#### Concentration Difficulties

- Work Requires Greater Effort Than Normal
- Assignments Take More Time to Complete
- Repeated Mistakes Due to Inattentiveness
- History of Bad Decisions and/or Poor Judgment

#### Memory Problems

- Difficulty in Recalling Instructions, Details, Conversations, etc.
- Difficulty Recalling One’s Own Mistakes

#### Confusion

- Difficulty Following Instructions
- Increasing Difficulty Handling Complex Assignments

#### Uneven Work Pattern

- Alternating Periods of High and Low Productivity

#### Reporting to Work

- Coming to/Returning to Work in an Obviously Altered Condition

#### Lowered Job Efficiency in General

- 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

#### Poor On-the-Job Relationships

- 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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**American Behavioral**  
**Formal Management Referral**

**Date of Referral:** \_\_\_\_\_

*Contact Information*

**Company:** \_\_\_\_\_ **Division/Subsidiary:** \_\_\_\_\_

**Management Contact:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

*Employee Information*

**First and Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City/State/ZIP:** \_\_\_\_\_

**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
  - Other (Please Specify) \_\_\_\_\_

*Reason(s) For Referral*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If Substance Use is Involved, Please Specify the Following:**

**Substance Used:**  Alcohol  Drug(s) (Please Specify) \_\_\_\_\_

**Was Employee Tested?**  Yes  No

- If Yes, What Prompted The Testing?**
- Random Screen
  - Self-Referred
  - Post-Accident
  - DUI
  - Suspicion/Cause
  - Other (Please Specify) \_\_\_\_\_

**Is the Employee's Job Regulated by the Department of Transportation?**  Yes  No

**Has Management/HR Met With the Employee to Explain the Reason for the Referral?**  Yes  No



**American Behavioral** ®

**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/or conduct problem(s) is the reason for this referral:

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You will sign a release of information form at your initial session. This will allow American Behavioral to communicate the following to your manager and/or human resources (HR) representative:

- The outcome of the initial assessment;
- Progress reports; and
- A summary and recommendations report at the conclusion of your EAP sessions.

American Behavioral provides this information only to the manager and/or HR contact(s) signing this letter.

If you accept this referral, you are required to contact American Behavioral within two (2) business days to schedule an appointment. American Behavioral will notify the appropriate manager and/or HR contact(s) if you fail to call. If you choose to decline the referral, your company will determine the consequences.

**The Undersigned Employee:**

Accepts the Referral

Declines the Referral

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**Employee Signature**

**Date**

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**Manager Signature**

**Date**

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**Signature of Human Resources Representative**

**Date**