

Employee Assistance Program
Employee Referral Form
Confidential

This form is to be used as a guide in determining the extent and exact nature of the decline of your employee's job performance. Upon referral, one copy of this form is to be forwarded to the NMMC's EAP clinical manager; and one copy should be retained in your personal files. This is in no way to become part of an employee's personnel record.

Name of Employee _____

Position _____ Department _____

Title _____

Attendance (During the last twelve months) _____

Illness

Number of occurrences _____ Days Missed _____

Reason Given _____

Personal Absences

Number of occurrences _____ Days Missed _____

Reason Given _____

Tardiness

When _____

Reason Given _____

On the Job Absenteeism

When _____

Reason Given _____

Work Performance

What is the nature of the declined work performance?

Additional Information:

Please use reverse side of this sheet if there is additional information, which you feel could be helpful.

Form completed by _____ Department _____

Title _____ Telephone# _____

E-mail address _____ Date _____

Please contact EAP Coordinator at (662)377-3988 or (662)377-3813 prior to sending form.