

Which of the following disciplinary action(s) have been taken in connection with the reason(s) for this referral?

_____ suspension from all duty _____ last chance agreement specifying consequences of further negative behavior/performance
_____ restricted duty _____ verbal warning
_____ written warning _____ other (please specify) _____

If this employee is currently suspended from duty, what conditions have you placed upon his/her potential return to duty? What factor(s) will determine whether or not you permit this employee to return to duty? Please be specific. **IMPORTANT: The EAP is unable to independently certify any employee as medically and/or psychologically fit for duty. Fitness for duty determination, if needed, will involve referral to third party professionals and may involve additional costs to the employer and/or employee.**

You would rate this employee's overall job performance as:

_____ excellent _____ good _____ fair _____ unacceptable/poor

This employee has been formally referred to the EAP previously. _____ yes _____ no

Have you informed your organization's Human Resources/Personnel department of this situation and your intent to formally refer this employee to the EAP?

_____ yes _____ no

INFORMED CONSENT OF EMPLOYEE TO RELEASE INFORMATION TO SUPERVISOR

IMPORTANT: The formal referral cannot be processed nor will the employee be scheduled for assessment unless both required signatures are provided below.

I, the employee subject to this formal referral for EAP services, do certify via my signature below that I have reviewed the content of this formal referral and voluntarily accept said referral to the EAP. I authorize Life Management Systems to release to the supervisor signing below the following information throughout the duration that this case remains open with the EAP:

- 1) The times and dates of any/all scheduled appointments with EAP counselors, as well as whether I appeared for said appointments as scheduled.
- 2) Any and all specific recommendations of the EAP that may result from my contact with EAP counselors, including, but not limited to, any specific medical, psychiatric, psychological, and/or chemical dependency/substance abuse services to which I am referred by EAP counselors.
- 3) Any information possessed by EAP counselors regarding my compliance or lack thereof with said recommendations.
- 4) Any knowledge on the part of EAP counselors that involves a clear risk of harm to any person(s) or that, in the professional opinion of the EAP counselors, prevents me from safely and/or adequately performing my assigned job duties for any period of time.

I understand that it is my personal responsibility to schedule and keep all EAP appointments. I understand that if I fail to keep 2 scheduled appointments with an EAP counselor, my case will be closed and a report forwarded to the supervisor of record indicating my non-compliance with the process. I further certify that I am aware that the responsibility of the EAP is limited to assessment of my situation, issuance of recommendations pursuant to remediation, and case management of any recommended services. While I understand that there are no fees charged to me of any kind for EAP services, I understand that the EAP is not a provider of medical, psychiatric, and/or chemical dependency treatment and that formal referrals often involve referrals to treatment providers that may charge me fees for their services.

Signature of Employee _____

Date _____

Signature of Referring Supervisor _____

Date _____

Completed forms should be faxed to Life Management Systems at (513) 551-1489. The employee may phone (513) 551-1500 or 1-800-733-0257 to schedule an appointment after this form has been submitted to the EAP.