

**WAYNE CORPORATION**  
**Workplace EAP Referral Form**

<b>Employee Name</b>	
<b>Employee Phone Number</b>	
<b>Supervisor Name</b>	
<b>Supervisor Phone Number</b>	
<b>Company</b>	
<b>Confidential Company Fax Number</b>	

**Reason for Referral:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Form completed by \_\_\_\_\_ Date \_\_\_\_\_  
*Please fax this form with the Release of Information to Wayne Corporation at 502-456-6968*

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**To be completed by EAP Counselor**

**Progress report**

- \_\_\_\_\_ **Employee showed up for first appointment**
- \_\_\_\_\_ **Employee did not show up for first appointment**
- \_\_\_\_\_ **Employee is currently in the EAP and following our recommendations**
- \_\_\_\_\_ **Employee has not been compliant with our recommendations to date**
- \_\_\_\_\_ **Employee has completed our recommendations and has been released from the EAP**

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**EAP Counselor's Signature**

**Date**