

WAYNE CORPORATION
Workplace EAP Referral Form

Employee Name	
Employee Phone Number	
Supervisor Name	
Supervisor Phone Number	
Company	
Confidential Company Fax Number	

Reason for Referral (additional space provided on next page if needed):

1. _____
2. _____
3. _____

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

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**

EAP Counselor's Signature

Date

