WAYNE Corporation | Quality Employee Assistance Programs

EAP Recommendation Form

This recommendation does not satisfy a Fitness for Duty (FFD) evaluation.

Employer: _____

HR Representative: _____

Phone Number: _____

Email Address: _____

Confidential Fax Number: _____

Supervisor's Name: _____

Employee Name: _____

Department/Position: _____

Please describe concerns regarding the employees' performance:

1. _____

2. _____

3. _____

Behavior on the Job (check all that apply):

☐ Avoids Supervisor/Co-Workers ☐ Co-Worker Complaints

☐ Disregards Safety ☐ Unusually Critical of Others

☐ Lacks Interest/Enthusiasm ☐ Does Not Communicate

☐ Unusually Sensitive to Criticism ☐ Moody

☐ Other (Specify): _____

☐ Release of Information signed by employee

Completed by: _____ Date: _____

Employee's Signature: _____ Date: _____

Please fax this form to Wayne Corporation at 502.456.6968 or email: info@waynecorp.com

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PERMISSION TO RELEASE INFORMATION

I understand that records or information about my mental health or alcohol and drug abuse treatment and EAP counseling are confidential; they are protected by applicable state and federal laws and cannot be disclosed or re-disclosed without my written consent unless otherwise provided for in state or federal regulations. I also understand that any information about me concerning AIDS, HIV infection, and AIDS-related complex and the performance of any tests, counseling, and the results and treatment thereof cannot be released without my authorization. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

I hereby authorize Wayne Corporation to exchange information regarding

_____
(employee's name)

with the following:

My supervisor: _____

Others_____

This disclosure shall be limited to confirmation that I have contacted Wayne Corporation, time and attendance at EAP sessions, appointment cancelations, no shows of appointments and compliance and follow-through with EAP recommendations.

The purpose of this disclosure is to **confirm attendance and compliance with EAP recommendations.**

Date signed: _____

Date upon which consent expires: _____

Signature of employee: _____

Signature of witness: _____

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