

WAYNE CORPORATION
Workplace Supervisor EAP Referral Form

Date of Referral	
Employee Name	
Department Position	
Employee Phone Number	
Human Resources Name Phone Number	
Supervisor Name Phone Number	
Confidential Company Fax Number	

Please describe work performance issue employee is being referred for:

1. _____
2. _____
3. _____

Release of Information signed by employee

Form completed by _____ Date _____
 EAP referral approved by (HR) _____ Date _____

Please fax this form to Wayne Corporation at 502-456-6968

BEHAVIOR ON THE JOB

- | | |
|-----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Avoids Supervisor/Co-Workers | <input type="checkbox"/> Co-Worker Complaints |
| <input type="checkbox"/> Disregards Safety | <input type="checkbox"/> Unusually Critical of Others |
| <input type="checkbox"/> Lacks Interest/Enthusiasm | <input type="checkbox"/> Does Not Communicate |
| <input type="checkbox"/> Unusually Sensitive to Criticism | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Other (Specify) | |

The above employee is being required to contact the EAP within _____ of the above date.

Employee's Signature

Date