



## Informal Referral

The supervisor is concerned about an employee who is going through a difficult time and wants to remind him/her that the EAP/PAP can offer free, confidential assistance. No information is released to the company about attendance or participation in our services, no forms are necessary!

## Formal Referral to the EAP/PAP

A formal referral to the EAP/PAP is appropriate when a job performance problem exists. A supervisor should:

- Talk with your company's HR and/or your supervisor about making a Formal Referral.
- Call the EAP/PAP (at 808-597-8222) and ask for a supervisory consultation on how to handle the situation and to discuss whether a formal referral is appropriate. These calls are free, unlimited, and confidential.
- When completing the referral form, point out the specific **job performance issues** and the corrective action needed. DO NOT try to diagnose the problem. Make sure HR and/or your manager approve how you filled out the form before giving it to your employee.
- Indicate concern and a desire to help the employee resolve the job performance problems. Meet privately with the employee (and HR if appropriate) and share some version of:
  - We value you here, yet we have noticed these changes in your work performance;
  - We want you to do whatever it takes to take care of whatever is causing these work performance issues;
  - I am formally referring you to the EAP/PAP because I think this is the best way you can address whatever is going on and get some help in fixing the problem;
  - We trust them, it's free to you, and what you talk about is confidential;
  - They will only tell me whether you're attending EAP/PAP sessions, if you're cooperating with them, and if you follow up with what they recommend;
  - Please sign this form acknowledging we had this conversation;
  - They will let me know in a week if they haven't seen you;
  - I hope you do whatever it takes to follow through and get whatever help you need to make things better.
- Notify EAP/PAP at the time of making a formal referral by faxing the completed and signed supervisory referral form to us at 808-597-8230 or scan/email to [info@eapacific.com](mailto:info@eapacific.com)
- Follow up with your employee in a few days to ask if they were able to reach the EAP/PAP. Call us back if we can help.

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The EAP/PAP will then confirm (usually within a week) whether or not the employee contacted us. All information between the EAP/PAP and the employee is confidential and will not be released without the employee's signed and written consent.



Employee Assistance of the Pacific

**BACKGROUND DATA  
FOR SUPERVISOR REFERRAL**



***Please attach this form when you fax or email the referral to the EAP/PAP.***

***This page does not need to be shared with the employee – it is for our statistical purposes only.***

How long has this employee worked in this position? \_\_\_\_\_

How long has this employee worked for this employer/company? \_\_\_\_\_

*In the last year:*

Number of Sick Days (or unscheduled days off) used: \_\_\_\_\_

Number of Days on Workers' Comp: \_\_\_\_\_

Number of Vacation Days used: \_\_\_\_\_

Number of Days arrived late to work: \_\_\_\_\_

Number of Accidents: \_\_\_\_\_

Employee Performance overall: ☐Excellent ☐Good ☐Average ☐Poor

Employee Performance this past month: ☐Excellent ☐Good ☐Average ☐Poor

Safety-Sensitive position: ☐Yes ☐No

DOT-regulated position: ☐Yes ☐No

Job Duties: \_\_\_\_\_

*Primary Issue related to referral:*

☐Work Task Performance Issue

☐Attendance Issue

☐Behavior/Relationship Issue

☐Personal Appearance Issue

☐Health/Safety Issue

***Please attach this form when you fax or email the referral to the EAP/PAP.***

***This page does not need to be shared with the employee.***



Employee Assistance of the Pacific  
SUPERVISORY REFERRAL FORM



*This form must be received by EAP/PAP **prior** to scheduling employee's appointment.  
**Please call (808) 597-8222 for consultation BEFORE making the referral.***

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Company: \_\_\_\_\_

**Reason for Referral**

Referral to EAP/PAP should be based on specific job performance difficulties. Documentation should focus on objective data. Please indicate the specific incidents, events, observed behaviors, or areas where the employee is/has not satisfactorily met performance expectations. (Attach additional pages if necessary.)

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**Desired Performance Outcome**

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## Past Attempts to Intervene

Document all previous supervisory/administrative actions taken to remedy job performance difficulties. This could include performance evaluation meetings held to discuss the problem, operational changes made to accommodate the employee, and/or disciplinary actions taken in response to continued decline in job performance.

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### To the Employee - Conditions of This Referral

The content of EAP/PAP counseling is confidential and your supervisor (and/or company representative) **will not** be informed of the nature of your personal problems. However, the EAP/PAP **will** inform your supervisor (and/or company representative) whether you have attended counseling, your level of participation, and whether or not you are following EAP/PAP recommendations. Your employer reserves the right to implement further corrective action based on your company's policy and your job performance. Attendance at the EAP/PAP does not excuse you from standard job performance expectations.

### Consent for Limited Disclosure

I hereby give my permission for the EAP/PAP to inform the specific company representatives(s) listed here:

Supervisor (print name)	Phone	HR/Other Company Representative (print name)	Phone
Email: _____		Email: _____	
Mailing Address: _____		Mailing Address: _____	
_____		_____	
_____		_____	

of the following limited information:

- 1) whether or not I attend the program and the date(s) I met with the EAP/PAP
- 2) my level of participation with the program and progress
- 3) whether or not I am following EAP/PAP recommendations

The EAP/PAP will not inform any other party or disclose any other information without my written consent except as required by law, or if there is a threat of harm to self or to others.

_____ Employee Signature	_____ Date
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**Employee: Call the EAP/PAP within a week to set up an appointment.**

EAP/PAP Office: (808) 597-8222      Neighbor Islands: (877) 597-8222      Fax: (808) 597-8230

*Note: 1 copy each to employee, supervisor, HR office, and EAP*