



**COMMUNICATION BETWEEN EMPLOYER AND EAS REGARDING FORMAL REFERRAL**

**Date:** \_\_\_\_\_ **Company sending Referral** \_\_\_\_\_

**Name of Employee referred to EAS** \_\_\_\_\_

**Name of Supervisor or HR Representative to be contacted by EAS:**

\_\_\_\_\_  
**NAME** **TITLE**

*(This name must be on the REQUEST FOR RELEASE/EXCHANGE OF CLIENT INFORMATION form which is signed by the employee.)*

**PHONE NUMBER** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

Please indicate below any criteria that has been given to the employee regarding specific expectations concerning work performance or behavior (example, regarding absences, tardiness, mistakes, complaints, interaction with co-workers, etc.). For example, have you given the employee a specified time frame in which to make particular improvements?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate below how often and by what method you prefer to be contacted regarding the employee's attendance and compliance with counseling.

**PREFERENCE:** Call and speak personally with person named above \_\_\_\_  
**OR**  
Email person named above \_\_\_\_

**FREQUENCY:** \_\_\_\_\_

I want to know:

\_\_\_\_\_ Attendance—dates of sessions, did employee attend, reschedule, no-show?  
\_\_\_\_\_ Compliance—is employee cooperative with counselor suggestions for improvement?  
\_\_\_\_\_ Other information as listed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_