



CONFIDENTIAL FORMAL REFERRAL

Employee

Name of Employee:
Department:
Referral Date:
Job Title:

Supervisor

Referred by:
Title:
Telephone:
Company:

Reasons for Referral (Please indicate below)

A. Absenteeism

- Excessive absenteeism _____ Number in past 12 months; Pattern (if any) _____
- Unusual excuses for absences _____ Frequently leaves workplace
- Extended lunch periods Excessive lateness Frequency
- Early departures Other (please specify) _____

B. Performance

- Lower quality of work Erratic work patterns
- Decreased productivity Failure to meet schedules
- Impaired judgement, memory, ability to concentrate Increased errors
- Other (please specify) _____

C. General Behavior, Attitudes, Social Adjustment at Work

- Avoids supervisor or co-workers Less communicative
- Frequent mood swings Loss of interest or enthusiasm in job
- Unusually sensitive to advice or constructive criticism Disregard for safety on the job
- Unusually critical of supervisor, co-workers, or employer
- Other (please specify) _____

Have the above observations been discussed with the employee? Yes _____ No _____

If yes, when? _____

Have the observations been recorded and filed? Yes _____ No _____

If yes, when? _____

Has a corrective interview taken place? Yes _____ No _____

If yes, when? _____

Supervisor Signature _____ Date _____

Employee Signature _____ Date _____

PLEASE FAX CONFIDENTIAL FORMAL REFERRAL FORM TO EAS AT 205-933-4012 OR E-MAIL TO ldunson@actbirmingham.com OR scurtis@actbirmingham.com

INSTRUCT EMPLOYEE TO CALL AND SET UP AN APPOINTMENT AFTER YOU HAVE SPOKEN WITH THE EMPLOYEE AND THEY HAVE SIGNED THIS FORM!

By signing this form I hereby give my consent for EAS employees and or my employer to communicate regarding my treatment status.