

Arlington Employee Assistance Program  
2847 Wilson Blvd.  
Arlington, VA 22201  
703-228-8720

## **SUPERVISOR REFERRAL TO EAP**

(Do not copy or file. Fax to EAP (703) 875-2185 and give to employee)

To: \_\_\_\_\_ (Employee Name) Position: \_\_\_\_\_  
Date: \_\_\_\_\_ Work Location/Dept.: \_\_\_\_\_

### **Subject: Referral to EAP**

The EAP is a free, confidential resource to assist employees with personal and work related concerns.

Your referral to the EAP is intended to provide you with a resource to assist you with personal or professional challenges that may impact your work attendance or performance. It is not a disciplinary action. EAP participation is strictly voluntary, however, you are strongly urged to participate in the program.

Below are some of the workplace behaviors that have been observed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Summary of reason for referral: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When you attend, please sign a form permitting the EA professional to acknowledge your attendance, whether a recommendation is made (not the type of recommendation) and whether you wish to follow that recommendation. No details of your meeting or any recommendation made by the EAP will be provided to me.

A copy of this referral form will not be retained. You and the EAP have the only copies. You do not have to sign this form.

Please call EA Professional, \_\_\_\_\_ at ext. \_\_\_\_\_ to schedule/confirm an appointment. The EAP has received a copy of this form and I have spoken to the EAP about the performance concerns indicated above.

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_