



The Level II Form can be found on our EAP website at intermountainhealthcare.org/eap. Click the *Supervisor Toolbox* link on the left side of the page and then find the form under *Supervisor Tools*.

Employee Assistance Program

Supervisor Referral Form

This is a voluntary referral.

Employer

Department

Facility

Manager Name

Manager Phone Number

_____ is referred to Intermountain *Employee Assistance Program* for help with
Employee Name
problems that are affecting job performance on _____. This is a voluntary referral.
Date

What work performance problems is the employee having?

What performance improvement is expected?

What will happen if performance does not improve?

- I understand that my supervisor is referring me to the EAP for help with my job performance. I understand that with or without EAP involvement, my job performance must improve.
- I understand that when I visit with the EAP counselor, I will be asked to sign a release of information so that the EAP counselor can discuss attendance and progress with my supervisor.
- If I choose not to sign a release, then the supervisor must ask me directly for my attendance and progress, as the EAP counselor cannot legally release such information.

Employee Signature

Phone

Interviewer Name

Phone



Give a copy of this form to the employee, HR, and fax a copy to the EAP 801-442-2300, or email to EAP@imail.org.