

Leader Referral

Instructions for Referring Party

Referrals may be made by a leader and/or Human Resources (HR) to the EAP.

- Referring party consults with the EAP Consultant, call 1-800-832-7733 or 801-442-3509:**
 - HR and the leader, together with the EAP Consultant will determine appropriateness of coaching for job performance concerns (see Declining Job Performance Checklist).
 - If Referral is appropriate for coaching, leader and HR meet with the employee, paperwork below is completed, signed by employee and emailed to eap@imail.org.
- An EAP Administrative Assistant calls the employee to schedule an appointment once EAP receives this form.**
 - EAP Consultant assigned to the case will contact the leader and HR to discuss any additional information on the case prior to the first visit with the employee.
- EAP Consultant meets with employee.**
 - Explains reason(s) for referral and identifies goals regarding job performance improvement.

This section needs to be completed by leader/HR. Please provide information regarding the **referred employee** (attach separate form if needed).

Employee Name: _____ Job Title: _____ Department: _____

Provide a description of **specific observable** (see **Declining Job Performance Checklist**) behaviors prompting this referral **and** skills you would like the employee to develop:

Signature of Referring Party: _____ Date: _____

DISCLOSURE to EMPLOYEE: You have been referred to the EAP in an effort to improve your job performance. The EAP Consultant can assist you in developing skills that contribute to a positive performance in the workplace. With or without EAP involvement, job performance is expected to improve. As part of the coaching process, information will be provided about your attendance and participation to the following referring party, or parties:

Leader: _____ Phone: _____ Email address: _____

HR Representative (optional) _____ Phone : _____ Email Address: _____

ACKNOWLEDGEMENT: I have been referred to participate in the Leader Referral coaching program. I understand that as part of the process, my EAP Consultant will communicate information about my attendance and participation to the person or persons (stated above) who have referred me.

Printed Name of Employee: _____

Signature of Employee: _____ Date: _____

Address: _____ Phone Number: _____

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Declining Job Performance Checklist

To be completed in conjunction with Leader Referral document.

Check boxes related to job performance problems

PRESENTEEISM

- Frequent absences
- Excessive unexcused leave
- Excessive tardiness
- Leaving work early (pattern)

“ON-THE-JOB” PRESENTEEISM

- Unnecessary absences from work area
- Frequent and/or long breaks
- Inability to perform job functions

POOR RELATIONSHIPS ON THE JOB

- Over-reaction to real or imagined criticism
- Overly personal, excessive, or inappropriate interactions with co-workers
- Unreasonable resentments

DIFFICULTY CONCENTRATING

- Work requires greater effort or more time than previous performance
- Frequent inattentiveness
- Difficulty in recalling instructions, details, etc.

MOOD

- Increasing difficulty in handling tasks
- Difficulty recalling or recognizing mistakes
- Excessive sensitivity, withdrawal, irritability
- Blaming others for mistakes

LOWERED JOB EFFICIENCY

- Missed deadlines
- Errors due to inattention
- Wasting materials
- Making bad decisions

HIGH ACCIDENT RATE

- Major or minor accidents/injuries during work
- Complaints from co-workers about unsafe conduct or failure to follow protocols

ACTIONS

- Physically threatening
- Unduly talkative
- Frequent argumentativeness
- Excessive personal phone calls