

Referral Form

Confidential Form: This form is used for referring employees to the Employee Assistance Program.

Instead of using the online form, you may [print this form \(pdf\)](#) and fax to MUSC EAP: 843-792-7298.

Please call 843-792-2848 to talk with an EAP therapist concerning supervisory issues. Phone consults are encouraged.

Name of Employee:

Referral Date:

Job Title:

Phone Number:

Referral Request by
(Supervisor's Name):

Supervisor's Title:

Supervisor's Phone:

Division/Department:

Reasons for Referral

Please indicate below the reasons warranting the employer's referral to the Employee Assistance Program.

Absenteeism

Frequent sick leave or illness on the job

Extended lunch periods or breaks

Early departures

Unusual excuses for absences

Frequently leaves work place

Multiple instances of unauthorized leave

Excessive lateness

Frequency of lateness:

Excessive absenteeism

Number in past 12 months:

Pattern (if any):

Other (specify):

Job Performance

Lower quality of work

Frequent accidents on the job

Erratic work pattern

Failure to meet schedules

Increased errors

Impaired judgement, memory, ability to concentrate

Decreased productivity (or alternating periods of increase and decrease)

Other (specify)

Specific Comments Relating
to Job Performance
Problems:

Desired Improvement:

(What the employee must do to achieve satisfactory performance. Please be specific and include time frame for improvements.)