

Supervisory Referral to LifeSpring Health Systems EAP Services

COMPANY: _____
EMPLOYEE: _____
SUPERVISOR: _____
DATE: _____
SUBJECT: _____



As your supervisor, I work with you on several areas of your performance, including efficiency, quality and quantity of your work performed. However, I have been concerned about the following work performance issue(s):

1. _____
2. _____
3. _____

If these work performance issues continue, and they are not satisfactorily resolved, disciplinary action may occur - up to and including termination.

With this Memo, I am making a formal referral to LifeSpring Employee Assistance Program to give you an opportunity to independently work on these job performance issues. As you may know, LifeSpring EAP provides a counseling program to help employees solve any problems that are adversely affecting their job performance. It is a confidential program. However because these are identified as work related issues, I am requiring you sign a release of information with LifeSpring to only release only information regarding your attendance, participation, and progress towards the resolution of the above identified work performance issues. The Release Form can be completed at LifeSpring.

Any discussion you have with the Counselor regarding your family, home, or personal problems will not be shared with me. Within one week, you need to contact the EAP Program and schedule an appointment and let me know when your appointment is scheduled and who you will see.

To schedule your appointment, please contact:

Jessica Cooper, EAP Manager
480 Eversman Drive, P. O. Box 769
Jasper, IN 47547-0769
Phone: 812-482-3020 ext 6213 Fax: 812-771-6900

This is a required or mandatory referral to EAP services. While it is up to you whether you follow through on this, it is important for me to know you are receiving assistance to help resolve the work related issues listed above. Our work policies and procedures will not allow the situation to continue. I will reassess these work issues with you on _____.

Please signify your acceptance of this referral by signing your name below
_____ (Signature)

Upon completion, original to HR. Copy to LifeSpring and Employee