

# SUPERVISOR REFERRAL FORM

For Mandatory Referrals To The  
EMPLOYEE ASSISTANCE PROGRAM

Note to the Supervisor: If this is your first time to make a mandatory referral to EAP, please call the EAP D Q G \ R X  
K D Y H T X please call 800-743-1327

## SUPERVISOR AND EMPLOYEE INFORMATION

Please print

Employee's Name: \_\_\_\_\_ Referral (m)17.1 (e)-1.7 (:)-4.6 ( \_ Tw 44.6 ( \_

VIOLENCE ISSUES

- 7 K U H / D W H A C E O Hersat work
- Domestic violence
- + D U D V V P H Q W

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Please attach additional comments and/or supporting documentation  
for any of the above concerns

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SUPERVISOR PERFORMANCE GOALS

1. Have the issues marked on this form been discussed with the employee?  Yes  No
2. What are the consequences if employee performance does not improve?
3. Have the consequences for not improving been discussed with the employee?  Yes  No
4. How will the employee's improvement be measured? (Please be specific as possible.)
5. How long will the employee be given to make the desired changes?

EMPLOYEE SIGNATURE

I understand that my supervisor is referring me to the Employee Assistance Program and my signature verifies that I have seen this form. My signature below does not signify my agreement or disagreement with any of the issues raised.

- Yes, I will participate and cooperate with the Employee Assistance Program.
- No, I will not participate in the Employee Assistance Program.

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

Please forward this form by email, fax or regular mail to:

F R X Q V H O L Q J F H Q W H U # W W X K V F H G X  
The Counseling Center at TTUHSC  
Texas Tech University Health Sciences Center  
3601 4<sup>th</sup> Street – STOP 119  
Lubbock, TX 79430-8119  
Phone: 806.743.1327 or 800.327.0328  
Fax: 806.743.7301