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CONFIDENTIAL

Employee Assistance Programme – Supervisor Referral Form

Section A: Employee Details

- Employee Name: _____
- Staff Number: _____
- Department: _____
- Contact Number: _____

Section B: Supervisor Details

- Supervisor Name: _____
- Position: _____
- Contact Number: _____
- Email: _____

Section C: Reason for Referral

(Please tick or describe the observed concern – this is not disciplinary)

☐Decline in Work Performance
☐Frequent Absenteeism / Tardiness
☐Noticeable Behavioural Changes
☐Emotional Distress / Mood Changes
☐Interpersonal Conflict at Work
☐Other: _____

Section D: Discussion with Employee

☐ I have discussed the referral with the employee.
☐ The employee understands and has consented to this referral.

Section E: Referral Details

- Brief description of observed concerns:

_____

_____

Section F: Supervisor Declaration

I confirm that this referral is made in a supportive manner and not for disciplinary purposes.

Supervisor Signature: _____ Date: _____

Section G: Employee Consent

I acknowledge that I have been informed of this referral to the EAP and consent to participate.

Employee Signature: _____ Date: _____