

UNIVERSITY OF HAWAII
FORMAL SUPERVISORY REFERRAL FORM

Supervisor: Please follow administrative procedure by consulting with your Human Resources Representative before making the referral.

Employee Name _____ Date _____

Position _____ Yrs. of Service _____

Campus/School/Program _____

Supervisor Name and Title _____

Work Number _____ FAX _____ Email _____

Human Resources Rep. Name _____

Work Number _____ FAX _____ Email _____

Current and Previous Work Performance Problems:

Referral to the EAP should be based on specific, observable job performance problems. Please indicate specific incidents, events, observed behaviors, or areas where the employee has not met performance expectations. (Please attach additional pages if necessary).

Desired Performance Improvement:

Be specific about what you want to observe in terms of improvement in work performance.

Past Attempts to Intervene:

Indicate all previous supervisory/administrative actions taken to address the job performance difficulties.

Do you expect feedback beyond attendance? _____ Yes* _____ No

If yes, what else do you need to know? _____

_____ Progress _____ Recommendations _____ Referrals (if any)

*If the employee declines to sign an *Authorization to Use and Disclose Confidential Information/Protected Health Information* form with the EAP counselor, only attendance information will be provided if he/she has signed this referral form.

Conditions of Referral:

EAP counseling is confidential and your supervisor (or other company representative) will not be informed of the nature of your personal problems. However, the EAP will notify your employer of your attendance within ten (10) working days of the referral. Your employer may implement corrective action based on your company's policy regarding your job performance. Attendance at the EAP will not protect you from further disciplinary action if your performance does not improve. You are still responsible for meeting standard job performance expectations set by your employer.

Consent for Limited Disclosure (completed by employee):

I authorize the provider to provide the following information to _____, in writing and/or over the phone at _____.

(Name of supvr/HR rep)

(Phone no.)

- Whether or not I scheduled an appointment and met with a counselor, and
- The date(s) I met with a counselor.

The provider will not inform any other party or disclose other information without my written consent except as required by law.

Employee Signature

Date

Supervisor: This form must be received by the provider prior to the employee scheduling his/her appointment. Please complete the form with the employee, give a copy to the employee, then fax a copy to the provider at 808-599-5711 (temporary fax number as of 11/27/2017).