

**EMPLOYEE ASSISTANCE PROGRAM
OF
WARREN, WASHINGTON AND SARATOGA COUNTIES, INC.**

SUPERVISORY REFERRAL TO EAP

Employee Name _____ Date _____
Employee Job Title _____ Dept. _____
Referred by _____ Title _____ Phone _____

REASONS FOR REFERRAL – JOB PERFORMANCE (Explain in Detail)

- _____ Excessive Absenteeism
- _____ Excessive Tardiness, Leaving Early
- _____ Unusual Excuses for Absenteeism (Specify)