

P.O. Box 1827  
York, PA 17405-1827  
800.673.2514 Tel  
717.851.4493 Fax  
www.WellSpan.org/EAP



## Supervisory Referral Form

Dear WellSpan EAP Professional:

I have spoken with Mr./Ms. (employee's full name)  
regarding the following job performance issues (please provide specific details and include any  
documentation you have regarding these issues):

The progressive discipline process is at the following stage: (Please check all that apply)

- verbal warning                       written warning                       final warning  
 other \_\_\_\_\_

and I am suggesting that the employee seek help through the Employee Assistance Program for whatever  
problems may be contributing to the performance difficulties.

The employee understands that he/she will be requested to sign an Authorization to Release EAP  
Information to speak with me so that we can work cooperatively. I am aware that information exchanged  
will be directly related to job performance or attendance at sessions.

I will notify you of any improvement, decline, or other change in job performance.

Mr./Ms. (employee's full name) \_\_\_\_\_ is aware that seeking help through  
the EAP does not guarantee employment. Instead, continued employment is based on job performance.

Employer's Printed Name \_\_\_\_\_

Employer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Employee's Printed Name \_\_\_\_\_

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Company Making Referral

***Please print this form: employer must sign and the employee must sign and date  
the Supervisory Referral and Authorization to Release EAP Information.  
Fax forms to: WellSpan EAP Client Services Representative Fax #: (717) 851-4493***