

P.O. Box 1827
York, PA 17405-1827
800.673.2514 Tel
717.851.4493 Fax
WellSpanEAP@WellSpan.org
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 for WellSpan EAP 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
or email WellSpanEAP@wellspan.org***

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