



EAP Formal Referral Instructions

Prior to submitting the EAP formal request form, please ensure that the following steps are completed.

1. An administrator must meet with employee to discuss the reason/concerns for the EAP formal referral. Please discuss that this is NON-PUNITIVE and CONFIDENTIAL process.
2. In the description section of the form please specify what behaviors the employee has been observed to be doing that is of concern- i.e.- “Increased tardiness” of “Emotional outbursts at work”
3. Employee **MUST** sign formal referral form. If the employee refuses to sign, please indicate on the form “EMPLOYEE REFUSED TO SIGN” and have a witness sign in their place.
4. Please call EAP at (754) 322- 9900 for consultation on completing the form if you have any additional questions.

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
EMPLOYEE ASSISTANCE PROGRAM (EAP)
5400 S.W. 90th Avenue
Cooper City, FL 33328
TEL: 754-322-9900 FAX: 754-322-9918

EAP REFERRAL FORM

PLEASE PRINT OR TYPE

EMPLOYEE NAME _____ JOB TITLE _____
HOME ADDRESS _____
Street City Zip Code
CELL PHONE # _____ HOME PHONE # _____
SUPERVISOR NAME _____ SUPERVISOR JOB TITLE _____
SUPERVISOR PHONE _____ LOCATION _____

1. WORK PERFORMANCE: (Briefly state reason for referral)

Please attach any relevant information to the work performance issues resulting in the referral to the EAP office. **PLEASE DO NOT SEND** Evaluations, HIPPA protected documents, or the like.

2. ABSENCES OTHER THAN WORKERS' COMPENSATION AND DISABILITY INCOME

(This includes legitimate absences from work):

	<u>this school year</u>	<u>prior school year</u>
(a) Number of Whole Days Sick Leave Used:	_____	_____
(b) Number of times less than one whole day of sick leave has been used:	_____	_____
(c) Number of Whole Days Personal Reasons Leave Used:	_____	_____
(d) Number of times less than one whole day of Personal Leave used:	_____	_____
(e) Number of Whole Days Absent Without Leave	_____	_____
(f) Number of times less than one whole day of absence without leave has occurred	_____	_____
(g) Are there any patterns of absences such as Mondays, day after Payday, etc.?	_____	_____

3. TARDINESS:

- (a) Dates: _____ (b) Total Hours: _____
(c.) Are there any patterns such as Mornings, or After Lunch? _____

Supervisor's Signature

Employee's Signature*

Date

Date

* The employee's physical and/or electronic signature signifies the employee acknowledges a referral to the EAP, has seen the completed Referral Form and does not imply agreement with the contents of the Form.

INSTRUCTIONS: Send the completed Referral Form to the EAP Office via fax at (754) 322-9918 or a sealed envelope stamped "CONFIDENTIAL"; **Do not send in an e-mail.** Make a copy for your own records and for the employee. In accordance with the laws of confidentiality, **this must not be part of an employee's personnel file.** No other copies should exist.