

Employee Assistance Program

PERFORMANCE REFERRAL FORM

This form is to be used as a guide to help CHI Health EAP understand the nature and extent of the employee's job performance concerns. Please complete this form and fax to the CHI Health EAP office. Consider sharing the original with your employee following the performance review session.

CHI Health EAP
7710 Mercy Road, Suite 303
Omaha NE 68124
402-398-5566
888-847-4975
Fax To 402-398-5897

EMPLOYEE INFORMATION

Name _____ Job Title _____

Employer _____ Supervisor _____

Length of Employment _____

Poor Concentration (Check all that apply)

- Tasks take more time
- Limited insight/accountability regarding mistakes
- Difficulty recalling directions
- Other _____

Reduced Productivity/efficiency (Check all that apply)

- Missed deadlines
- Customer complaints
- Errors due to inattention or poor judgement
- Other _____

Erratic Work Patterns (Check all that apply)

- Reduced quality/quantity of work
- Alternate periods of high and low productivity
- Brief improvement following coaching, then ongoing decline
- Other _____

Interpersonal Relationships (Check all that apply)

- Overreaction to real/imagined criticism
- Unreasonable resentment
- Does not communicate effectively
- Inappropriate/Unprofessional interaction with customers, coworkers, management
- Other _____

Absenteeism

Is there a pattern of frequent or unexplained absences from work station? Yes No
If so, specify _____

Absences/tardiness (During the past 12 months)

Number of occurrences _____ Number of days _____

Reasons given _____

Is there a pattern to the absences? Yes No

If so, on which days is the employee absent consistently? _____

Accidents (During the past 12 months)

Number of on-the-job accidents _____ Number of off-the-job accidents _____

Total time lost _____ Type of accidents _____

Any disciplinary action taken? Yes No

If so, please describe _____

How must performance improve? _____

What is the timeline for performance improvement? _____

Additional information/feedback _____

FORM COMPLETED BY:

Name _____ Date _____

Job Title _____ Phone _____

E-mail address _____

Date of performance referral _____ Employee given copy? Yes No

Has Human Resources been notified? Yes No

Individuals to be included on the Release of Information:

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Please fax this completed form to 402-398-5897. Thank you.