

(OPTIONAL)

REFERRAL OF CIVILIAN EMPLOYEE TO THE EMPLOYEE ASSISTANCE PROGRAM (EAP)
(AR 600-85)

NOTE: Prepare this form in the original only and file in the EAP client case file. Reproduction and/or distribution of this form is not authorized.

TO: 1: _____ 2: EAP	FROM: (Name and Position)	DATE
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PART A – TO THE EMPLOYEE

1. I AM REFERRING YOU FOR EVALUATION AND/OR COUNSELING TO THE EAP BECAUSE OF:

A. DUTY PERFORMANCE C. ON THE JOB CONDUCT E. REQUEST OF EMPLOYEE
B. ATTENDANCE D. POSSIBLE HEALTH PROBLEMS F. OTHER (SPECIFY)

2. THIS REFERRAL IS BEING MADE BY:

A. SUPERVISOR C. OCCUPATIONAL HEALTH/MEDICAL E. OTHER (Specify)
B. CPAC D. UNION _____

3. AN APPOINTMENT HAS BEEN MADE FOR YOU TO MEET THE EAP COORDINATOR (during duty hours) IN BUILDING _____ AT (date & time) _____. DISCUSSION WITH THE EAP IS CONFIDENTIAL AND PARTICIPATION IN THE PROGRAM IS VOLUNTARY. REFERRAL TO THE EAP IS A BENEFIT OF YOUR FEDERAL EMPLOYMENT.

PART B – FOR THE EAP

4. THE SPECIFIC REASON(S) FOR THIS REFERRAL ARE: (attach copies of all relevant supporting documents (counseling record, leave history, etc.)

5. IF THE SUPERVISOR IS MAKING THIS REFERRAL, COMPLETE ALL THE APPLICABLE ITEMS:

A. DUTY PERFORMANCE EXCELLENT GOOD FAIR UNSATISFACTORY
B. LEAVE BALANCE: HOURS ANNUAL HOURS SICK
C. HISTORY OF UNPROGRAMMED LEAVE: _____

6. OTHER COMMENTS / PROBLEMS WITH EMPLOYEE: (use attachment/s if necessary)

NAME, TITLE, GRADE, AND POSITION OF REFERRER (please print)	DATE
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SIGNATURE OF REFERRER	TELEPHONE
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