

VANDERBILT *Work/Life* Connections – EAP  
 Faculty & Staff Assistance Program  
**Supervisor/Management Referral Data Sheet**  
**Date of Referral Request: \_\_\_\_\_**

Name of Faculty/Employee:			
Name of Supervisor:			
Department:			
Reason for Referral:			
Nature of Problem:			
Is this referral Mandatory?    Yes                  No			
What is the consequence for non-compliance?			
End result department would like to see:			
What feedback has been given to the employee?			
What has the employee been told about coming to Work/Life Connections-EAP?			
What communication/ information do you want (if the employee will authorize consent)?			
Describe job performance over the past six months:			
Specific Behaviors:	Yes	No	Comments:
Poor Customer Service/Interactions?	Yes	No	
Conflict with Co-workers?	Yes	No	
Problems with Anger?	Yes	No	
Conflict with Supervisor?	Yes	No	
Conflict with peers/students?	Yes	No	
Intoxication / Impairment?	Yes	No	
Work Performance?	Yes	No	
Is there a pattern to the absence/tardiness? If so, please elaborate:	Yes	No	
Performance Improvement Counseling?	Yes	No	
Other?	Yes	No	

**Thank you for referring your employee for assistance.**