

Informal Supervisory Referral Form
City of Houston Employee Assistance Program
Office: 832-393-6510 -Fax: 832-395-9466

Employee's Name

Employee's SS#/ID#

Employee's Job Title

Employee's Work Phone

Referring Supervisor

Supervisor's Phone

Supervisor's Email
Address

Business Unit Name

Job site

Employee's Division/Department

Does employee work in a safety-sensitive job ? ___ No ___ Yes If yes, describe safety sensitive nature:

Please describe the job performance concern:

___ I authorize EAP to keep my supervisor informed of the general status of my participation , as well as any recommendations of supervisory assistance needed to support my efforts to address the job performance concern.

___ I **do not** authorize EAP to keep my supervisor informed of the general status of my participation , as well as any recommendations of supervisory assistance needed to support my efforts to address the job performance concern.

Employee's Signature _____

Date: _____

Supervisor's Signature _____

Date: _____