

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

Employee's Name

Employee's 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

How long has this employee worked in this position? _____

How long has this employee worked for the COH? _____

Employee Performance Overall: ☐ Excellent ☐ Good ☐ Average ☐ Poor

Employee Performance this past month: ☐ Excellent ☐ Good ☐ Average ☐ Poor

Safety- Sensitive Position: ☐ Yes ☐ No If yes, describe the nature:

Job Duties: _____

Primary issue related to referral:

☐ Work Task Performance Issue

☐ Attendance Issue

☐ Behavior/Relationship Issue

☐ Personal Appearance Issue

☐ Health/Safety Issue

☐ Other _____

Current and Previous Work Performance Problems:

Referral to the EAP should be based on specific, observable job performance problems. Please indicate specific incidents, events, observed behaviors, or areas where the employee has not met performance expectations.

Desired Performance Improvement:

Be specific about what you want to observe in terms of improvement in work performance.

Past Attempts to Intervene:

Indicate all previous supervisory/administrative actions taken to address the job performance difficulties.

☐ 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: _____