



TotalCare EAP  
 Public Safety EAP  
 Educators' EAP  
 Higher Ed EAP  
 HealthCare EAP  
 Union AP  
 TotalCare Wellness

Fax: 585-593-9058  
 Phone: 800-252-4555

**Employee Assistance Program: Administrative Referral Information Sheet**

*(Please complete after Supervisory Consult with ESI Counseling Staff) 1-800-252-4555*

**Instructions:** Please complete both pages of this form, review with the employee, and obtain the employee's signature on this form and the Authorization to Release Confidential Information Form. **Both forms should be faxed to ESI @ 585-593-9058**

Employer: _____	Date: _____
Address: _____	
Employer Representative (name on release of information): _____	
Title: _____	Phone/Ext: _____ Fax: _____
Employee being referred: _____	DOB: _____
Position: _____	Years Employed: _____ Work Hours: _____
When is the Employee available to meet with EAP? _____	
_____	

**Reason(s) for Referral:**

- |             |            |                             |                     |                   |
|-------------|------------|-----------------------------|---------------------|-------------------|
| Absenteeism | Tardiness  | Work Quality                | Work Quantity       |                   |
| Anger       | Harassment | Inappropriate Communication | Aggressive Behavior | Interaction Style |

**Drug and Alcohol Violations:**

- DOT Policy Violations    Drug and Alcohol Policy Violations

**Other Reason for Referral:** \_\_\_\_\_

**Describe ongoing work performance incidents or the policy violation precipitating this referral:**

