



WORKPLACE REFERRAL FORM

A workplace referral is not disciplinary action or a substitute for disciplinary action, nor does it preclude future disciplinary action.

Employee's Name: _____ Job Title: _____
 Department: _____ Phone Number: _____
 Length of time with current: a) Job _____ b) Supervisor _____ c) Company _____
 Primary Referral Source: _____ Title: _____
 Phone Number: _____ Address: _____
 Secondary Referral Source: _____ Title: _____
 Phone Number: _____ Address: _____

Reason for Referral: Please indicate current workplace problem area(s).

Relations with Co-Workers

- Frequent or intense arguments
- Verbal abusiveness
- Withdraws from others
- Threatening or intimidating behavior
- Inappropriate sexual language or behavior
- Complains, but no effort to solve problems
- Fails to cooperate with co-workers
- Overly sensitive to criticism

Attendance Concerns

- Excessive unauthorized absences
- Frequent unscheduled leave requests
- Holiday/weekend/payday absence pattern
- Unexplained disappearances from work
- Frequent extended lunches/breaks
- Frequent tardiness or leaving early
- Avoids or hides from supervisor

Quality/Quantity of Work

- Failure to do assignments or follow procedures
- Failure to meet schedules
- Frequent errors in spite of guidance
- Reduced quantity of work
- Inconsistent quality/quantity of work
- Disruptive behavior or procrastination
- Impaired judgment, memory or ability to concentrate
- Safety violations or accidents

Other

- Smells of alcohol at work
- Dramatic changes in hygiene or dress
- Dramatic changes in energy level
- Talk of death or suicide
- Sudden mood swings (tearful, angry)
- Frequent talk of drug or alcohol use
- Phone calls which interfere with work
- Frequent unfounded accusations of others
- Sabotages plans or projects
- Makes unreliable or false statement

Drug or alcohol screen conducted? No Yes

If Yes, Date of test: _____ Negative Positive for: _____ Level(s): _____

Comments about current concerns: _____

Improvement goals and desired time frame: _____

Consequences if goals are not achieved: _____

Previous work and attendance record: _____

Previous disciplinary action, if any: _____

Previous workplace referral? No Yes, Date of referral: _____

Appointment Date: _____ Time: _____ Essential Solutions Consultant: _____

Phone Number: _____ Location: _____