STATE of ALABAMA ▪ EMPLOYEE ASSISTANCE PROGRAM

SUPERVISOR'S REFERRAL FORM

I. Employee _____ Position/Title _____

Employee Contact Numbers (please include area code):

Cell (___) _____ Home (___) _____ Work (___) _____

State Agency/Division _____ Job Code _____

Employee Social Security # _____ Employee Date of Birth _____

Contact Supervisor _____ Title/Position _____

Supervisor Contact Numbers (please include area code):

Cell (___) _____ Work (___) _____ Fax (___) _____

II. Current Observation(s) (check all reasons for this referral):

- ❑ * Absenteeism
- ❑ * Declining job performance
- ❑ * Difficulty communicating and interacting with others
- ❑ Safety or mental health concern
- ❑ Substance abuse issue or positive drug screen

Items with an asterisk (*) require a narrative description in section IV of any administrative action taken prior to this referral.

III. Describe the behaviors or reasons for this referral (attach additional sheets if necessary):

IV. Describe all previous remedial action(s) taken by the supervisor (attach additional sheets if necessary):

Acknowledgement

As the employee named on page one of this form, I understand the following:

- The information contained in and attached to this document is confidential and has been compiled to assist me.
- By signing this form, I give permission for Behavioral Health Systems, Inc. to release information to and/or receive information from the Contact Supervisor named on page one of this form, the Director of the State of Alabama's Employee Assistance Program, the mental health professional conducting the assessment and _____.

  (list any other person[s] who should release or receive information)
- I have five business days to contact BHS at 800-245-1150 to schedule an appointment.
- If I fail to call BHS within the allotted time or attend my first scheduled appointment, BHS will inform the Contact Supervisor named on page one of this form.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

The referring supervisor must complete the following BEFORE faxing this form:

- Call BHS and speak with the Care Coordinator.
- Ensure that this form is filled out completely (do not leave any portion blank).
- Confirm that this form has been signed by the employee and the Contact Supervisor.
- Attach the following to this form: the employee's job description and all documents supporting the reason for this referral

BHS Phone Number: 1-800-245-1150

BHS Fax Number: 205-879-1178