



# Office of Employee Assistance

## Supervisor Referral Form

Employee Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_  
 Date employee was, or will be, referred: \_\_\_\_\_

Supervisor Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Department and Room #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Supervisor Title: \_\_\_\_\_

In order to track the OEA effectiveness, we ask that you complete the following information.

1. Give your evaluation of the employee's performance in regard to:

No problem .....Major Problem

	0	1	2	3	4	5
Absenteeism	0	1	2	3	4	5
Tardiness	0	1	2	3	4	5
Safety	0	1	2	3	4	5
Work Quality	0	1	2	3	4	5
Work Quantity	0	1	2	3	4	5
Ability to Meet Deadlines	0	1	2	3	4	5
Relationship with co-workers	0	1	2	3	4	5
Relationship with supervisors	0	1	2	3	4	5
Attitude while at work	0	1	2	3	4	5
Ability to concentrate/stay on task	0	1	2	3	4	5
Teamwork	0	1	2	3	4	5
Knowledge Application	0	1	2	3	4	5
Other	0	1	2	3	4	5

2. What disciplinary actions (if any) have you taken thus far?

3. Comments

4. May OEA show this form to the employee?  Yes  NO

**Note:** Periodically I will be sending you a similar form to follow up on how the employee is processing. If you want to get in touch with me at any time, please give me a call at 305-348-2469. Please send this form by confidential campus mail to: Isabel Alfonsin-Vittoria, M.S., LMHC, CEAP at GL- 473 on the MMC or send by fax to 305-348-3903.

PLEASE DO NOT FORWARD THIS FORM TO THE PERSONNEL FILE.