



1-800-777-1797
Fax 501-663-9488
www.southwesteap.com

Date:

Supervisor:

Employee:

Subject: Southwest EAP Supervisory/Formal Referral

I have been your supervisor for _____ and have found your work to be _____ . However, for the last _____ , I have been concerned about the following work performance issue(s):

- 1.
- 2.
- 3.

If these work performance issues are not resolved _____
_____.

Sometimes work related problems can be due to a personal problem. _____ provides a counseling program to help employees resolve any personal problems. The program is operated by Southwest EAP. This is a confidential program. I will only be told that (1) you kept the appointment and (2) that you are following a plan for resolution of the work related issue(s). I will not receive any information about the problem area or what you are doing to resolve the situation.

I have made an appointment for you on _____.

Or

You need to contact the EAP and schedule an appointment by _____.

Your appointment can be scheduled by calling Southwest EAP at 501-663-1797 or 1-800-777-1797. While the program is voluntary, it is important to me to know that you are receiving any assistance you may need to resolve the work issues listed above. Our policies and procedures will not allow this situation to continue. I will reassess these work issues with you in _____ days.

Supervisor _____ Address _____

Number _____ Ext. _____

I have read this memo and understand that the EAP will report attendance and compliance to my supervisor.

Employee _____ Date _____