

Employee Assistance Workplace Consultation

All Points EAP & Organizational Services
2250 Murrell Road, Suite B5 • Lynchburg, VA 24501
Phone (434) 845-1246 • Fax (434) 845-1253
www.allpointseap.org

Employee Name _____ Date _____
Employer _____ Employee Job Title _____ Dept _____
Referred by _____ Title _____ Ph # _____
If you have confidential email, please include _____

REASON(S) FOR CONSULTATION

Please supply supporting details below or on attached documents

Time Off Performance

- Absenteeism _____
- On-the-job absenteeism / frequent time away from duties _____
- Excessive tardiness / leaving early _____

Quality of Work Performance

- Decreased output / job efficiency _____
- Excessive errors _____
- High accident rate _____
- Disregards safety _____
- Erratic work patterns _____
- Deficient reports / records _____
- Difficulty setting priorities _____

Personal / Interpersonal Performance

- Strained work relationships _____
- Avoids supervisor / coworkers _____
- Changes in appearance or hygiene _____
- Lack of concentration _____
- Tenacity to job / difficulty with change _____
- Poor judgment _____
- Lacks interest / enthusiasm for job _____
- Unusually sensitive to feedback _____
- Unusually critical of others _____
- Difficulty operating in team environment _____

Other Reasons for Consultation

PERFORMANCE HISTORY

Employee's length of service: _____

How long have you supervised this employee? _____

Have these performance problems been continuous? _____ If no, please describe the pattern of change you have observed. Please summarize results of previous evaluations.

Describe actions taken to assist the employee with performance improvement (for example: coaching / job counseling, disciplinary actions, training):

Describe employee's current status. What disciplinary actions and /or consequences can be expected if performance problems continue?

What outcomes are desired from consultation with the EAP?

THE ABOVE OBSERVATIONS SHOULD BE DISCUSSED WITH THE EMPLOYEE PRIOR TO THE CONSULTATION WITH THE EAP.

Above observations discussed with the employee? Yes on _____ No

Employee's Signature _____

Referent's Signature _____

Human Resources / Other _____