Sutter Health
Sutter Employee Assistance Program

FAX 916-503-6917

SUPERVISOR'S REPORT (REFERRAL)

Employee's Name _____

Company _____

Employee No. & Email

Type of Work _____

DOB _____ Sex M ☐ F ☐

Reason for Referral _____

_____

PERFORMANCE PROBLEMS

1) Quality:

☐ Missed deadlines
☐ Details neglected
☐ Work differs in quality
☐ Poor decisions
☐ Frequent mistakes
☐ Dependent on others
☐ Other: _____

2) Quantity:

☐ Lowered Output
☐ Undependable
☐ Job takes more time
☐ High/low productivity periods
☐ Difficulty in handling complex assignments
☐ Other: _____

Comments: _____

_____

3) Absenteeism/Tardiness:

☐ Unauthorized leave
☐ Excessive sick leave
☐ Monday/Friday absence
☐ Late returning from breaks
☐ Repeated absence of 1-2 days
☐ Repeated absence of 1-2 weeks
☐ Late returning from lunch
☐ Late coming to work on time
☐ Improbable excuses
☐ Frequent, unscheduled absence
☐ Leaving work early
☐ Higher rate of illness than other employees
☐ Other: _____

4) Initiative:

☐ Unwilling to change work responsibilities
☐ Needs constant supervision of doing job
☐ Other: _____

(Over)

5) Interpersonal:

- ☐ Over-reacts to real or imagined criticism
- ☐ Constant complaints to co-workers/supervisors
- ☐ Overly critical of others
- ☐ Wide swings in morale
- ☐ Customer complaints
- ☐ Makes unreliable or untrue statements
- ☐ Other: _____

6) Abnormal behavior:

- ☐ Coming to or returning to work in an obviously abnormal condition
- ☐ Obviously bizarre or abnormal actions on the job
- ☐ Makes threats of violence, exhibits weapons, talks about doing harm to others
- ☐ Comments: _____

7) Appearance (indicate recent changes):

- ☐ Unkempt or unclean
- ☐ Disheveled appearance
- ☐ Other: _____

8) Attitude (indicate recent changes):

- ☐ Toward supervisor
- ☐ Toward others: _____
- ☐ Other: _____

9) On-duty accidents:

- ☐ Accidents to equipment
- ☐ Accidents on the job
- ☐ Other:
- ☐ Accidents off the job but affecting work performance
- ☐ Frequent trips to Occupational/Employee Health

Personal problems:

☐ Interfering with work ☐ Concerned for employee

Comments:

_____

_____

Warnings or disciplinary actions taken *(Nature, Dates)*:

_____

_____

Supervisor's observations *(Including attempts at correction and summary of last meeting)*:

_____

_____

_____

_____ _____

Supervisor's name (please print) **Date**

_____ _____

Job title **Supervisor's phone number / email**