

FOR OFFICIAL USE ONLY (WHEN FILLED)

EMPLOYEE ASSISTANCE PROGRAM (EAP) REFERRAL FORM

(For use of this form, see AR 600-85. Proponency of this form is DHR.)

1. EMPLOYEE NAME:	2. EAP OFFICE:	3. FROM: <i>(Name, position, agency)</i>	4. DATE:
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SECTION I - TO THE EMPLOYEE

5. I AM REFERRING YOU TO THE EAP BECAUSE OF YOUR:

<input type="checkbox"/> DUTY PERFORMANCE	<input type="checkbox"/> ON-THE-JOB CONDUCT	<input type="checkbox"/> REQUESTED BY EMPLOYEE
<input type="checkbox"/> ATTENDANCE	<input type="checkbox"/> POSSIBLE HEALTH PROBLEMS	<input type="checkbox"/> OTHER (SPECIFY)

6. THIS REFERRAL IS MADE BY:

<input type="checkbox"/> SUPERVISOR	<input type="checkbox"/> OCCUPATIONAL HEALTH/MEDICAL	<input type="checkbox"/> EEO
<input type="checkbox"/> CPAC	<input type="checkbox"/> UNION	<input type="checkbox"/> OTHER (SPECIFY):

7. AN APPOINTMENT HAS BEEN COORDINATED FOR YOU TO MEET WITH AN EAP REPRESENTATIVE (DURING DUTY HOURS) IN BUILDING 2241 ON _____ DATE: _____ at _____ TIME:

NOTE: IF THIS REFERRAL IS MADE BY SOMEONE OTHER THAN YOUR SUPERVISOR, YOU AND THE REFERRING ENTITY ARE REQUIRED TO PROVIDE A COPY OF THIS FORM TO YOUR SUPERVISOR TO DETERMINE YOUR DUTY STATUS DURING THE APPOINTMENT.

SECTION II - FOR EAP

8. BRIEFLY DESCRIBE REASON(S) FOR REFERRAL:

9. IF A SUPERVISOR IS MAKING THIS REFERRAL, PLEASE COMPLETE ALL APPLICABLE ITEMS:

DUTY PERFORMANCE: EXCELLENT FAIR GOOD UNSATISFACTORY

LEAVE BALANCE: ANNUAL SICK

10. OTHER COMMENTS OR ISSUES CONCERNING THIS EMPLOYEE:

11. PRINTED NAME, TITLE, GRADE, AND POSITION OF REFERRER:	12. TELEPHONE:
13a. SIGNATURE:	13b. DATE SIGNED (YYYYMMDD)

SECTION III - FOR EAP OFFICE USE ONLY

14. TO: <i>(Referrer)</i>	15. FROM EAP:	16. DATE:
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17. DISPOSITION: DATE: _____

HAS BEEN SEEN ON _____ REFERRED TO: _____

DID NOT KEEP THE APPOINTMENT. DATE: _____

CONTACTED THIS OFFICE ON _____ AND DECLINED THE OFFER OF EAP ASSISTANCE.

HAS BEEN EVALUATED AND DETERMINED NOT TO BE APPROPRIATE FOR ENROLLMENT IN EAP.

18. THE EMPLOYEE IS IS NOT CURRENTLY ENROLLED IN THE EAP. **(DA FORM 5017)** YES NO

19. EMPLOYEE ASSISTANCE PROGRAM COORDINATOR:	20a. TELEPHONE: 254-287-6702
	20b. FAX: 254-288-9904

21a. SIGNATURE EAP COORDINATOR:	21b. DATE SIGNED (YYYYMMDD)
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DISTRIBUTION:

1 - EAP COPY (RECORD)	3 - EMPLOYEE COPY
2 - EAP COPY (EAP ADMIN)	4 - SUPERVISOR COPY