Employee Assistance Programme

MANAGER REFERRAL FORM

DESCRIPTION OF PERFORMANCE-RELATED ISSUES: TICK WHERE APPLICABLE

ABSENTEEISM

- ☐ Excessive Absenteeism
- ☐ Regular absence on Mondays, Fridays, after paydays – taking 'long weekends'
- ☐ Above average absence due to vague ailments such as colds, flu, gastric disorders, etc.
- ☐ Unsatisfactory excuses for absence
- ☐ Arriving late for work, taking long meal breaks and shortening the working day
- ☐ Unauthorised leave
- ☐ Frequently absent from post
- ☐ Sleeping on duty

STRESS

- ☐ Stress – result of change
- ☐ Stress – result of loss of control
- ☐ Stress – result of work demands
- ☐ Stress – result of relationship difficulties
- ☐ Stress – result of work role
- ☐ Stress – result of lack of support in work role
- ☐ Stress – result of work/life balance.

GENERAL INDICATORS OF DECREASED EFFICIENCY

- ☐ Unable to concentrate
- ☐ Not meeting deadlines
- ☐ Unacceptable excuses for poor work performance
- ☐ Evasive behaviour
- ☐ Poor judgement and decision-making
- ☐ Above average wasting of time or material
- ☐ Poor motivation
- ☐ Working inconsistently
- ☐ Inability to carry out complicated instructions
- ☐ High frequency of mistakes
- ☐ Difficulty in remembering instructions, details and own mistakes
- ☐ Complaints from others regarding the goods produced or the service rendered by the person

POOR INTERPERSONAL RELATIONS

- ☐ Over-reaction to real or imagined criticism
- ☐ Complications as a result of borrowing money from fellow-workers
- ☐ Unwarranted grievances
- ☐ Conflict with supervisor/manager
- ☐ Involvement in conflicts or fighting with fellow-workers (assault)
- ☐ Unwilling to carry out requests/instructions
- ☐ Sudden mood changes
- ☐ Complaints from fellow-workers regarding the person's behaviour
- ☐ Avoidance of fellow-workers
- ☐ Lack of open/appropriate communication
- ☐ Other relationship problems with manager

ACCIDENT RECORD

- ☐ Accident/s on duty
- ☐ Accident/s outside working hours that has/have a detrimental effect on work performance.
- ☐ Involvement of other employee(s)

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UNACCEPTABLE APPEARANCE/BEHAVIOUR

- ☐ Substance abuse during working hours - as a result of a first positive test result
- ☐ Substance abuse – as a result of self-disclosure
- ☐ Substance abuse – as a result of relapse
- ☐ Substance abuse outside working hours that impacts negatively on performance
- ☐ Poor grooming/neglect of personal appearance
- ☐ Reporting for, or leaving, work in a clearly abnormal manner
- ☐ Public behaviour that elicits an unfavourable reaction from others
- ☐ Evidence of involvement in violent behaviour
- ☐ Behaviour that negatively impacts colleagues (sexual harassment, discrimination, foul language etc.)
- ☐ Bizarre behaviour/habits

1. REFERRER: Person to whom all correspondence and communication with regard to this referral will be sent.

Name: | Employee Number:

Email: | Phone (w):

Mobile: | Division/Business Unit:

Department: | Job Title:

Expected outcome following intervention:

2. IDENTIFYING PARTICULARS OF EMPLOYEE

Name: | Employee Number:

Email: | Phone (w):

Mobile: | Division/Business Unit:

Preferred Time of Contact (working hours): | Job Title:

3. EMPLOYEE CONSENT TO RELEASE INFORMATION

I herewith agree to access the Employee Assistance Programme [EAP] for counselling to address the reasons selected on this form that may be having an effect on my work-performance.

I hereby grant permission for a LifeAssist Case Manager to release information to enable the above-mentioned Referrer to understand the process of my EAP referral and track my progress so that they can support me appropriately.
I understand that the feedback released is limited to: attendance in scheduled counselling sessions, if recommendations have been made for a treatment plan (not the details of the plan or the underlying reason), treatment progress, and practical recommendations that relate to my work situation.

***Optional:** I also consent to LifeAssist to give this level of feedback to:

- ☐ Line Manager/Supervisor (if not the same as the Referrer)
- ☐ Other Person (name): (Job title):

SIGNED EMPLOYEE | SIGNED EMPLOYER

Date: | Date:

Please call the LifeAssist Care Centre **CALL: 0800 NTHUSE (684 873) or +27 11 912 1089** to inform us of this referral.
EMAIL the completed form to help@lifeassist.co.za (If you cannot use a digital signature, then please print, sign, and scan).

IMPORTANT: A copy of this form is to be taken by the employee to the first appointment with the counsellor.