

FORMAL MANAGEMENT REFERRAL (FMR) FORM****CONFIDENTIAL****

This form serves as a guide for referring an employee to the EAP. The formal referral is generally performance based but there may be other reasons. Please forward this form to the EAP prior to the employee's appointment. Fax to (314) 729-4636 and call to notify us of the fax to ensure we received.

Employee's Name: _____ Contact Phone: _____

Company Name: _____

Employee's Position: _____ Department: _____

Will the employee call to schedule visit? ☐ Yes ☐ No Do you want the EAP to call employee? ☐ Yes ☐ NoIs the employee's position covered under DOT? ☐ Yes ☐ No Safety Sensitive? ☐ Yes ☐ NoEmployee may attend the EAP visit(s) on the clock: Yes, 1st visit only _____ All Visits _____ No _____

Why is the employee being referred to EAP?

Is there current disciplinary action? If so, please describe:

What specific outcomes are you hoping for, as a result of this referral?

Communication regarding this employee will be directed to:

Name: _____ Position: _____ Contact Phone: _____

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This form allows the EAP to provide feedback to Manager/HR as to whether the employee kept their appointment and to provide an overview of the assessment plan. No additional information will be released without employee's consent.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____