

FORMAL MANAGEMENT REFERRAL (FMR) FORM

****CONFIDENTIAL****

The Formal Management Referral (FMR) demonstrates care for employees by connecting them to EAP counseling support for personal or work-related concerns that may be inhibiting their work performance. Please submit this signed form and documentation of corrective action to initiate the referral.

- Instructions:
- 1) Complete this form prior to meeting with an employee for corrective action
 - 2) Discuss the referral with the employee and obtain their signature below
 - 3) Fax this form and corrective action documentation to 314-729-4636 or scan/email to EAPpaperwork@mercy.net. Please notify us of the submission at 314-729-4600 (option #2) to make sure it was received.
 - 4) EAP will call the employee to schedule their first counseling appointment and inform the supervisor/HR contacts listed below regarding EAP attendance, treatment plan, and any safety concerns.

Employee's Name: _____

Employee's Personal Phone: _____ Employee's Email Address: _____

Company Name: _____ Location (if applicable): _____

Employee's Position: _____ Department: _____

Employee may attend the EAP visit(s) on the clock: ☐ Yes, All Visits ☐ Yes, 1st appt only ☐ No

Why is the employee being referred to EAP?

What is the current disciplinary action? (verbal, written, or final warning, etc. . . . please include documentation)

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

Communication regarding this employee will be directed to:

Name: _____ Position: _____ Email/Phone: _____

Name: _____ Position: _____ Email/Phone: _____

By signing this form, an employee authorizes the EAP to inform their supervisor/HR regarding EAP attendance, treatment plan, and any safety concerns. No additional information will be released without the employee's consent. This authorization is effective for one year from the date signed below unless another date is specified here _____.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____