



Informal Supervisory Referral Form

City of Houston Employee Assistance Program

Office: 832-393-6510

Email: EmployeeAssistanceProgram@houstontx.gov



Employee's Name

Employee's ID #

Employee's Job Title

Employee's Work Phone

Referring Supervisor

Supervisor's Email Address

Supervisor's Phone

Business Unit Name

Employee's Division/Department

Job Site

How long has this employee worked in this position?

How long has this employee worked for the COH?

How long has this been a concern?

- 1 month
- 3 months
- 6 months
- Longer

Employee Performance Overall:

- Excellent
- Good
- Average
- Poor

Employee Performance this past month:

- Excellent
- Good
- Average
- Poor

Safety- Sensitive Position:

- Yes
- No

If yes, describe the nature:

Job Duties:

Does the Employee work with or around? (Select all that apply):

- Drives City Vehicles
- Operates Heavy Machinery
- Works With the Public
- Other:

Please select one or more of the job performance issues below:

- Anger Outbursts
- Absenteeism / tardiness
- Accidents
- Argumentative with Peers and/or Management
- Crying Spells
- Customer or Client Dissatisfaction
- Difficulty Taking Direction or Constructive Criticism
- Excessive Talkativeness With Co-Workers
- Failure to Follow Safety Procedures
- Failure to Meet Expectations for Product Quality
- Horseplay
- Inaccuracies or Errors
- Inappropriate/Offensive Remarks
- Isolating from Peers
- Misuse of Sick Leave
- Self-Disclosure of Drug or Alcohol Problem
- Trouble Focusing
- Other (Please describe and give specific behaviors):

Current and Previous Work Performance Problems:

Referral to the EAP should be based on specific, observable job performance problems. Please indicate specific incidents, events, observed behaviors, or areas where the employee has not met performance expectations.

Desired Performance Improvement:

Be specific about what you want to observe in terms of improvement in work performance.

Past Attempts to Intervene:

Indicate all previous supervisory/administrative actions taken to address the job performance difficulties.

- I authorize EAP to keep my supervisor informed of the general status of my participation, as well as any recommendations of supervisory assistance needed to support my efforts to address the job performance concern.
- I **do not** authorize EAP to keep my supervisor informed of the general status of my participation, as well as any recommendations of supervisory assistance needed to support my efforts to address the job performance concern.

Employee's Signature _____ **Date:** _____

Supervisor's Signature _____ **Date:** _____

