UAB EACC Referral Form

Employee
Name of Employee ___________________
Department _________________________
Referral Date ______________________
Job Title __________________________

Supervisor
Referred by _________________________
Title _______________________________
Telephone __________________________
HR Representative____________________

Reasons for Referral (Please indicate below)
______________________________________________________________________________

A. Absenteeism
☐ Excessive absenteeism
   Number in past 12 months ________                    frequency _______________________
   pattern (if any) _________________
☐ Frequently leaves workplace during regular work hours ________
☐ Other (please specify) ______________
☐ Early departures

B. Performance
☐ Lower quality of work
☐ Decreased productivity
☐ Increased errors
☐ A change in work patterns
☐ Failure to meet schedules
☐ Other (please specify) ______________

C. General Behavior, Attitudes, Social Adjustment at Work
☐ Avoids Supervisor or Co-workers
☐ Less communicative
☐ Responds negatively to work related feedback
☐ Critical of Supervisor, Co-workers, or employer
☐ Loss of interest or enthusiasm in job
☐ Frequent mood changes
☐ Disregard for safety on the job
☐ Other (please specify)

Have the above observations been discussed with the employee?
________ Yes                 _________ No               If yes, when? _______________________

Have the observations been recorded and filed?
________ Yes                 _________ No               If yes, when? _______________________

Has corrective action taken place?
________ Yes                 _________ No               If yes, when? _______________________

___________________________________            __________________________________
Supervisor  Signature                              Date

___________________________________            __________________________________
Employee  Signature                                Date