

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 _____
pattern (if any) _____
- ☐ Frequently leaves workplace during
regular work hours _____
- ☐ Other (please specify) _____
- ☐ Early departures _____

- ☐ Extended lunch periods
frequency _____
- ☐ Excessive lateness
frequency _____

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