

CONFIDENTIAL

A performance referral means deteriorating work performance, attitude and/or behavior on the job which does not meet company standards.

M. Please evaluate your employee's problematic work performance, attitudes, and/or behavior using the criteria listed below. Circle the appropriate number: **1** (Very serious problem) ←←←————→→→ **5** (Not a Problem). Please add additional comments/examples from your documentation to assist us in understanding problem areas which apply to your employee. This material should be shared with your employee.

	<u>Very Serious Problem</u>				<u>Not a Problem</u>	
1. Absenteeism/Tardiness	1		2		3	
Comment/Example:						
2. Quality of Work	1		2		3	
Comment/Example:						
3. Quantity of Work	1		2		3	
Comment/Example:						
4. Unacceptable Attitude/ Behavior	1		2		3	
Comment/Example:						
5. Safety	1		2		3	
Comment/Example:						
6. Acceptance of Supervision	1		2		3	
Comment/Example:						
7. Interpersonal Relationship	1		2		3	
Comment/Example:						

N. Past disciplinary action in this area/other areas: _____

O. Additional comments: _____

P. Is your employee currently in a phase of your disciplinary process, suspended, or being terminated?

YES NO

If yes, please explain: _____

Q. Is the employee's job in jeopardy? YES NO NOT CURRENTLY

Have the employee's supervisor / manager and the employee developed specific plans for improvement in the problem area(s) and set a time frame(s) for each step: YES NO

R. If not, when will this be done? _____

S. What are the next consequences if the employee does not demonstrate this improvement? _____

T. Time Frame to evaluate improvement: _____

Signature of person completing form/Date

Appointment time/Office/Counselor

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ have reviewed the content of this referral form and I accept
this referral to CONCERN Services and authorize CONCERN Services to release/discuss with

_____ (Name)	_____ (Position)	_____ (Phone #)	_____ Email
_____ (Name)	_____ (Position)	_____ (Phone #)	_____ Email

the following information:

1. Whether I contact CONCERN to schedule my appointment
2. Whether I keep my first appointment as scheduled
3. Whether I accept or decline the assistance/recommendations of CONCERN
4. Whether I require time away from work for treatment

This release of information will be in effect from _____ (today's date) to closure of the case.

No information can be released after that date without my signed permission.

I, understand that I may be asked to sign another similar release of information during my first appointment at CONCERN.

This information is being disclosed to you from records whose confidentiality is protected by Federal Law including CFR42 and the Health Information Portability and Accountability Act (HIPAA). Federal regulations prohibit you from making further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of clinical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

EMPLOYEE's signature _____ Date _____

Referring person's signature _____ Date _____

Type of follow-up/feedback requested from CONCERN@EAP:

Phone call _____ Frequency _____

Letter _____ Frequency _____

Other (please specify) _____

Performance Referral

When completed, please fax this Release of Information form and both pages of the Referral form to CONCERN,
Fax # (513) 891-0838

Any questions, please call (513) 891-1627 or (800) 642-9794