

Las Cruces Public Schools
Supervisor Referral for Employee Assistance Program

Date of Referral _____ Employee Name _____

Work Location/ Department _____ Supervisor Name _____

Reason for Referral: _____

Discipline Referral: _____
(attach copy)

Growth Plan Referral: Please list specific areas you feel employee needs work (attach copy of PGP)

Specific directive given to employee _____

Is employee allowed to make EAP appointments on work time: YES NO _____

Do you prefer EAP appointments at the EAP office or employee job site?

EAP Office

Employee job site

No Preference

The information the employee shares with the Employee Assistance Program counselor is confidential and shall not be entered into the employee personnel file under any circumstances.

Please be advised that with the supervisor's referral to the Employee Assistance Program, the only information that can be shared is:

- If the employee has been compliant with attending appointments.
- The employee has used appropriate rescheduling procedures, if needed.
- The Employee has been referred to an outside provider and has been compliant with attending those appointments.
- No details on what has been discussed with the employee will be shared with supervisors.