



Employee's Information	
Employee's name:	Job Title:
Employer:	
Department:	Length of Employment:
Employee's work number & work email:	

Manager's Information	
Manager's name & title:	
Manager's relationship to employee:	
Manager's phone number:	Date of Referral: Day Month Year
Manager's email:	

Reason for Referral Please rate the extent to which each of the following work performance areas is presently a problem for this employee. Choose one number for each affected area				
	Not a Problem			Serious Problem
Attendance .....	1	2	3	4
Quality of work .....	1	2	3	4
Quantity of work .....	1	2	3	4
Timeliness of work .....	1	2	3	4
Relationships with peers .....	1	2	3	4
Relationships with supervisors .....	1	2	3	4
Safety record .....	1	2	3	4
Other performance area (please specify) .....	1	2	3	4

Elaborate on each area, providing details below or with additional documentation

<u>Attendance</u>	
Excessive tardiness/early departure	_____
Absenteeism	_____
On-the-job absenteeism	_____

**Quality & Quantity of Work Performance**

Decreased job efficiency \_\_\_\_\_  
Excessive errors \_\_\_\_\_  
Erratic work patterns \_\_\_\_\_  
Difficulty setting/meeting priorities \_\_\_\_\_  
Not meeting standards/expectations \_\_\_\_\_  
Decreased/inconsistent output \_\_\_\_\_

**Interpersonal Performance**

Difficulty with peers/teams/coworkers \_\_\_\_\_  
Issues with superiors \_\_\_\_\_  
Lacking enthusiasm/interest in job \_\_\_\_\_  
Difficulty with constructive feedback \_\_\_\_\_  
Overly critical of others \_\_\_\_\_  
Poor judgment \_\_\_\_\_  
Concentration difficulties \_\_\_\_\_  
Difficulty with change \_\_\_\_\_

**Safety**

High or increased accident rate \_\_\_\_\_  
Disregard for safety concerns \_\_\_\_\_

**Other reasons for referral**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Performance history**

\_\_\_\_\_  
\_\_\_\_\_

**When and how did you first become aware of this employee's issue?**

---

---

---

**Measures taken and results**

What measure have you already used in an attempt to correct this employee's situation?

---

---

---

---

What was this employee's response to these corrective measures?

---

---

---

---

---

**Referring Manager** \_\_\_\_\_

**Human Resources/Other** \_\_\_\_\_

**Date** \_\_\_\_\_  
Day Month Year

***A counselor will contact you within 48 hours to discuss the referral and provide you with an appointment time for the employee.***

***Please discuss the contents of this referral form with the employee prior to the employee's first appointment.***