



Employee Assistance Program

HELPNET MANAGEMENT REFERRAL PROGRAM PROCEDURES

HelpNet can support you in dealing with an employee whose performance has fallen below workplace expectations. Management Referrals are an additional resource available to an organization to motivate troubled employees to seek and accept professional assistance. The Employer/Director/H.R may refer any employee presenting a documented decline in work performance, or an on-the-job incident, to the Employee Assistance Program (EAP).

All Management Referral paperwork must be completed and signed by the Employer/H.R. and the employee, then e-mailed or faxed to HelpNet before we can begin the process. Failure to follow this procedure will result in HelpNet classifying the client's appointment as a self-referral. After the client attends their appointment, the company representative named on the release will receive feedback from the HelpNet Case Manager on the employee's attendance, progress, and compliance with recommendations as authorized by employee on the release of information. If you have any questions, please call 1-800-969-6162 or your Account Manager.

Employer/H.R. Referral Process:

1. Identifies employee with work performance issues
2. Contact your HelpNet Account Manager to discuss referral and next steps
3. Conduct face-to-face meeting with employee to review Management Referral expectations
4. Employer/employee completes and signs "Referral Form" and "Company/Client Release Authorization" and e-mail to HelpNet.Referrals@bronsonhq.org or fax to **(269) 343-8791**. (Forms must be received by HelpNet staff to schedule employee for an appointment.)
5. Employee calls to schedule appointment within 48 hours of referral to HelpNet

HelpNet Obligations Upon Receipt of Management Referral Forms:

1. Provide intake/assessment to explain and educate client of roles and responsibilities (and if appropriate, a referral to treatment provider)
2. Send communication to Employer/H.R. after initial intake/assessment appointment (disclosure limited to items checked on Client Release Authorization)
3. Provide confirmation of employee's attendance, acceptance of HelpNet recommendations, and compliance
4. Send a monthly report to Employer/H.R. regarding client's status
5. Decide appropriate length of time to monitor the Management Referral on a case-by-case basis (with feedback and consultation from all relevant parties)
6. Document and communicate to the company client's success/failure in completing the Program

Management Referral Obligations:

1. Meet with Employer and sign Referral Form and Company/Client Release Authorization
2. Contact HelpNet within 48 hours to schedule appointment; attend scheduled appointment(s)
3. Maintain contact/communication with HelpNet as deemed appropriate by HelpNet
4. Notify HelpNet if therapy process is disrupted/interrupted
5. Continue to meet all performance criteria in the workplace (involvement in HelpNet's Management Referral Program does not supersede employer's rules/policies)

****Note:** *Disciplinary actions related to client's non-compliance, unauthorized withdrawal from or unsuccessful completion of treatment is the sole responsibility of the Employer. HelpNet will not determine the consequences, if any, for the above situations.*



REFERRAL FORM

Employee Name: _____ Company Name: _____

Employee Position: _____ Safety/Security/Time Sensitive: Yes No

Employee Home Phone: _____ Employee Work Phone: _____ # Days Suspended: _____

If this is a DOT Referral, STOP here and call your Account Manager.

Directions: Manager/Supervisor please evaluate the employee's behavior and work performance based on the criteria listed below. Check the response from 1 to 5 that most appropriately describes your level of concern.

Work Performance Issues	Concern				
	<u>Little</u> 1	2	<u>Moderate</u> 3	4	<u>Serious</u> 5

1. **Absenteeism**
2. **Tardiness and/or Leaving Early**
3. **Observance of Work Hours** (Lunch, Breaks, Vacation, Sick Leave)
4. **Quality/Quantity of Work** (Circle one or both)
5. **Safety Record** (Accidents, Injuries on the Job)
6. **Erratic Disruptive Behavior** (Excessive complaining, aggressive behavior, actions disturbing other employees, rule violations, etc.)
7. **Acceptance of Supervision** (Attitude, willingness to follow instructions, insubordination, etc.)
8. **Personal Presentation** (Appearance, Impression Given to Public, Communication Skills, Etc.)
9. **Other Behavior Unique to Employee** (Illness, Off-the-Job Injuries, Garnishments)
10. **Positive Drug Screens** [Name of Drug(s)]: _____
11. **Anything Not Previously Covered:** _____

For any concerns rated 3 or higher, list the number and describe the issue listing specific examples of the problem behavior that includes but is not limited to specific frequencies, intensity, and duration. If needed, please attach additional sheets to describe the issue in greater detail.

Date(s) of Discipline

Verbal/Written/Termed

Reason for Discipline

What behavioral changes/improvements do you expect from this employee in the future? _____

Employer/H.R. Signature

Date

Employer/H.R. Phone Number

Employer/H.R. Fax Number

I certify that I have reviewed the content of this referral form and that I accept a referral to the EAP.

Employee Signature: _____

Date: _____

Please have the employee fill in the zip code area he/she would like to have their counseling sessions: _____

