

CONFIDENTIAL
MIAMI-DADE COUNTY PUBLIC SCHOOLS
SUPERVISORY REFERRAL

MEMORANDUM

DATE

TO: _____
Employee Assistance Program

FROM: _____
Supervisor's Name/Title

Work Location Name/Number

SUBJECT: SUPERVISORY REFERRAL TO THE EMPLOYEE ASSISTANCE PROGRAM

Employee Name	Job Title	Employee #
_____	_____	_____
Employee's Address		Zip Code
_____		_____

I am referring the above named person to the Employee Assistance Program for the following behavioral/medical concerns observed on the job:

Pattern of Attendance:

- _____ Excessive absences
- _____ Excessive tardiness
- _____ Unauthorized absences
- _____ Prolonged lunch hours
- _____ Absences Mon. and/or Fri.

Interpersonal Behavior:

- _____ Altercations - students
- _____ Altercations - staff
- _____ Altercations - public
- _____ Borrowing money - students
- _____ Borrowing money - staff

Personal Behavior:

- _____ Changes in personal appearance
- _____ Marked changes in mood
- _____ Marked changes in activity level
- _____ Frequent trips to restroom

Performance of Professional Duties:

- _____ Poor judgment
- _____ Assignment failures

Health Impairment:

Comments: _____

This referral is in accordance with School Board Policy: _____ 1170.01 Administrator
_____ 3170.01 Instructional
_____ 4170.01 Non-instructional

I have been advised of the referral to the Employee Assistance Program.

Employee Signature

Date

Please fax the completed form to the EAP at (305) 995-7117.