

Employee Assistance Program (EAP) Substance Abuse Referral Form

Employee Name

Employee ID

Department

Position

Supervisor Name

Date of Referral

Reason for Referral / Observed Concerns

Date(s) of Incident(s) (if applicable)

Actions Taken Prior to Referral

Employee Acknowledgement

Employee Signature

Date

Supervisor/Manager Information

Supervisor/Manager Signature

Date
