

Mercy EAP

FORMAL MANAGEMENT REFERRAL (FMR) FORM

****CONFIDENTIAL****

This form serves as a guide for summarizing the extent and nature of your coworker's decline in job performance or violation of work rule(s). Please forward to the EAP prior to the coworker's appointment – **fax (314) 729-4636.**

Coworker's Name: _____ Contact Phone: _____

Company Name: _____

Company Address: _____

Coworker's Position: _____ Department: _____

Is coworker's position covered under DOT? Yes ____ No ____ Safety Sensitive? Yes ____ No ____
Coworker may attend the EAP visit (s) on the clock Yes, 1st visit only ____ All visits ____ No ____

What is the nature of the declined work performance?

Current disciplinary action:

Describe the reasons for this referral:

What do you want coworker to achieve or change during this process:

Communication regarding this coworker will be directed to:

Name: _____ Position: _____ Contact Phone: _____

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This form allows the EAP to provide feedback to Manager/HR as to whether coworker kept the appointment and to provide an overview of the assessment and plan. *No additional information will be released without coworker's consent.*

This authorization will be effective for one-year (1) from the date signed below, unless a specified date is provided _____ (Date)

Coworker Signature: _____ Date _____

Supervisor Signature: _____ Date _____

Fax to EAP (314) 729-4636