

LIFESERVICES  
Employee Assistance Program (LEAP)  
1-800-822-4847

**MANAGEMENT REFERRALS**

The Management Referral is a serious matter and should only be utilized as part of a last measure in addressing employee **job performance issues**. **It should not be used as an on-going method to discipline.** This diminishes the impact of the management referral. Also, when you suspect other “non-job performance” issues to be the problem DO NOT use the management referral form. Non-job performance issues would be perceived or disclosed mental health (depression, anxiety, stress) or personal problems (family, financial, legal). Instead, make an **informal referral** to the EAP whenever you feel the employee could benefit. Express concern to the employee; provide them with information about the EAP by giving them an EAP wallet card or brochure and follow up with the employee to see if they have taken your direction.

**HOW TO MAKE A MANAGEMENT REFERRAL:**

1. **Meet with employee** to discuss the specific **job performance issues** involved (absenteeism, productivity, interpersonal communication, violations of company policy, positive alcohol/drug screens, etc.)
2. **Complete the Management Referral form** and review with the employee.
3. **Have employee SIGN the form at the bottom.** Without employee’s signature, employee information will not be released including whether the employee has called the EAP.
4. **Attach documentation of performance behaviors to the form**, including any formal disciplinary written reprimand, counseling memo, incident report or last chance agreement that has been signed by the employee. We will not accept any document that the employee has not signed (this includes co-worker statements, anecdotal notes, etc.)
5. **Have the employee call 800-822-4847** between 7:30am-6:30pm EST Monday-Friday.
6. **Fax the Management Referral Form** to LifeServices EAP at **317-262-4633** as soon as you have concluded your meeting with the employee. Without receipt of this form, we cannot acknowledge to you if they in fact scheduled their appointment or failed to show.
7. **Provide a copy of the Management Referral form to Human Resources.**

**LifeServices**  
**Employee Assistance Program (LEAP)**  
**MANAGEMENT REFERRAL FORM**

Please complete and fax form to 317-262-4633

Company Name: Onslow County Government Dept: \_\_\_\_\_

Referring Party: \_\_\_\_\_ Phone: \_\_\_\_\_

Employee Referred: \_\_\_\_\_ Phone: (w)  
(h)

Reason for Referral: (COMPLETE OR ATTACH DOCUMENTATION DESCRIBING THE SPECIFIC JOB PERFORMANCE ISSUES)

\_\_\_\_\_

Last Chance Agreement: Yes  No

Deadline employee must call for appointment: \_\_\_\_\_  
(Date)

To Employee: By signing this form, I am allowing LEAP to release to the following persons:

Release of information to:

\_\_\_\_\_  
Name, Title, Phone Number Date

Krystal Bennett Benefits Specialist 910-937-1364  
\_\_\_\_\_  
Name, Title, Phone Number Date

**The Scope of Release** (unless otherwise specified) will cover attendance, recommendations and compliance. This release expires 90 days from today's date unless otherwise specified.

\_\_\_\_\_  
Signature of Referring Party Date Signature of Employee Date

(WITHOUT SIGNATURE NO INFORMATION WILL BE RELEASED)  
EMPLOYEE MUST CALL **1-800-822-4847** BETWEEN 7:30 AM AND 6:30 PM (EST)  
MONDAY-FRIDAY TO MAKE AN APPOINTMENT.