

SUPERVISORY REFERRAL MEMO

DATE: _____

TO: _____

FROM: _____

As a method to assist you with the work-related concerns we discussed on _____, I am formally referring you to the Employee Assistance Program. As you will recall, those job performance concerns include:

PLEASE INCLUDE SUPERVISOR'S CHECKLIST OR ANY OTHER RELEVANT DOCUMENTATION AND FAX TO EAP AT 608-775-6594

EAP is a free benefit to employees and family members. The service is voluntary, but I believe it could assist you with the issues we discussed. Gundersen Health System EAP can be reached at 608-775-4780 or 1-800-327-9991. I encourage you to consider this valuable resource.

Manager/Supervisor Signature

Date

Employee Signature

Date

Name of Company/Organization

Phone Number

cc: Employee
Gundersen Health Employee Assistance Program
1900 South Avenue, GB1-003
LaCrosse, WI 54601