



1-800-777-1797  
Fax 501-663-9488  
www.southwesteap.com

Date:

Supervisor:

Employee:

Subject: Southwest EAP Supervisory/Formal Referral

I have been your supervisor for \_\_\_\_\_ and have found your work to be  
\_\_\_\_\_. However, for the last \_\_\_\_\_, I  
have been concerned about the following work performance issue(s):

- 1.
- 2.
- 3.

If these work performance issues are not resolved \_\_\_\_\_  
\_\_\_\_\_.

Sometimes work related problems can be due to a personal problem. \_\_\_\_\_ provides  
a counseling program to help employees resolve any personal problems. The program is operated  
by Southwest EAP. This is a confidential program. I will only be told that (1) you kept the  
appointment and (2) that you are following a plan for resolution of the work related issue(s). I  
will not receive any information about the problem area or what you are doing to resolve the  
situation.

I have made an appointment for you on \_\_\_\_\_.

Or

You need to contact the EAP and schedule an appointment by \_\_\_\_\_.

Your appointment can be scheduled by calling Southwest EAP at 501-663-1797 or  
1-800-777-1797. While the program is voluntary, it is important to me to know that you  
are receiving any assistance you may need to resolve the work issues listed above. Our policies  
and procedures will not allow this situation to continue. I will reassess these work issues with  
you in \_\_\_\_\_ days.

Supervisor \_\_\_\_\_ Address \_\_\_\_\_

Number \_\_\_\_\_ Ext. \_\_\_\_\_

**I have read this memo and understand that the EAP will report attendance and compliance  
to my supervisor.**

Employee \_\_\_\_\_ Date \_\_\_\_\_