CHI Health Midlands
Medical Building One
11109 S. 84th Street,
Suite 3841
Papillion, NE 68046

Employee Assistance Program
PERFORMANCE REFERRAL

This form is to be used as a guide to help CHI Health EAP understand the nature and extent of the employee's job performance concerns. Please complete this form and fax to the CHI Health EAP office. Consider sharing the original with your employee following the performance review session.

EMPLOYEE INFORMATION	
Name	Job Title
Employer	Supervisor
Length of Employment	

Poor Concentration (check all that apply)

- ☐ Tasks take more time
- ☐ Limited insight/accountability regarding mistakes
- ☐ Difficulty recalling directions
- ☐ Other:

Reduced Productivity/Efficiency (check all that apply)

- ☐ Missed deadlines
- ☐ Customer complaints
- ☐ Errors due to inattention or poor judgment
- ☐ Other:

Erratic Work Patterns (check all that apply)

- ☐ Reduced quality/quantity of work
- ☐ Alternate periods of high and low productivity
- ☐ Brief improvement following coaching, then ongoing decline
- ☐ Other:

Interpersonal Relationships (check all that apply)

- ☐ Overreaction to real/imagined criticism
- ☐ Unreasonable resentment
- ☐ Does not communicate effectively
- ☐ Inappropriate/Unprofessional interaction with customers, coworkers, management
- ☐ Other:

Absenteeism
Is there a pattern of frequent or unexplained absences from work? ☐ Yes ☐ No
If so, specify:

Absences/Tardiness (during the past 12 months)

Number of Occurrences	Number of Days
Reasons Given	
Is there a pattern to the absences? ☐ Yes ☐ No	
If so, on which days is the employee absent consistently?	

Accidents (during the past 12 months)

Number of On-the-Job Accidents	Number of Off-the-Job Accidents
Total Time Lost	Type of Accidents

Any Disciplinary Action Taken? ☐ Yes ☐ No	If so, please describe
How must performance improve?	
What is the timeline for performance improvement?	
Deadline for employee to schedule initial session	
Additional information/feedback	

FORM COMPLETED BY		
Name		Date
Job Title		Phone
E-mail Address		
Date of Performance Referral	Employee Given Copy? ☐ Yes ☐ No	Has Human Resources Been Notified? ☐ Yes ☐ No

Individuals to be Included on the Release of Information		
Name	Title	Phone
Name	Title	Phone

Please email this completed form to john.hill507@chihealth.com or fax to (402) 398-5897