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**EMPLOYEE ASSISTANCE PROGRAMME (EAP)  
CONFIDENTIAL REFERRAL FORM**

*(Referral made by Line Manager / Labour Relations)*

**EMPLOYEE**

1. Name of employee.....
2. UT Number .....
3. Position .....
4. Work Area: .....

**LINE MANAGER**

Name of Line Manager: .....

Contact details: .....

**REASON FOR REFERRAL**

.....  
.....  
.....

**IS THERE ANY IMPACT ON WORK PERFORMANCE?**

YES |  NO

**If yes, what is the performance problem?**

.....  
.....  
.....  
.....  
.....

.....  
SIGNATURE

.....  
DATE