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jou kennisvennoot • your knowledge partner

## SUPERVISORY REFERRAL FORM

Date: 

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<b>Type of referral</b>	
Manager referral: Appointment date, initial report and final report will be provided to the referrer.	

REFERRER'S DETAILS	EMPLOYEE'S DETAILS
Name:	Name:
Position:	Position:
Office No:	Office No:
Cell No:	Cell No:
Email:	Email:
Division	Division
SU Number :	SU Number:

**Reason for referral:**

I wish to refer \_\_\_\_\_ (employee) to EAP for counselling specifically for this reasons:

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**Steps taken by the line manager to dress the above challenges**

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**Any Impact on the Work Performance?**

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**CHECKLIST**

This checklist is a guide to help identify and clarify changes in an employee’s work performance and behaviour that may indicate an underlying work-related or personal issue.

The information you use in assessing an employee’s situation may come from own observations, be communicated to you directly by the employee, through feedback from the employee’s co-workers, or through customer or client feedback.

**Please only tick or complete this information once you have discussed the formal referral with the employee and only tick the agreed upon performance areas.**

<p><b><u>Accident rate</u></b></p> <p>Increased workplace accidents or injuries</p> <p>Non-work related accidents impairing work performance</p> <p>Reduced adherence to workplace health and safety regulations</p> <p>Increased risk-taking behaviours</p>		<p><b><u>General presentation and behaviour</u></b></p> <p>Changes in appearance (dress, hygiene)</p> <p>Makes unfounded accusations or false statements</p> <p>Borrowing money from co-workers</p> <p>Increasingly disruptive</p> <p>Intoxicated or drunk at work</p> <p>Expresses insecurities about work performance</p> <p>Increased comments or complaints from co-workers or customers about employee's behaviour</p>	
<p><b><u>Employee reported or observed signs of stress</u></b></p> <p>Mood changes e.g. anger, tearfulness, agitation</p> <p>Rapid or slow speech</p> <p>Tension and muscle aches</p> <p>Fatigue</p> <p>Major change in physical health</p> <p>Memory Problems</p>		<p><b><u>Concentration difficulties</u></b></p> <p>Erratic work patterns – shifts between high and low productivity</p> <p>Difficulty recalling instructions</p> <p>More time required to complete same amount of work</p> <p>Sleeping/drowsiness at work</p> <p>Inability to recognise or learn from mistakes</p> <p>Impaired capacity to learn</p> <p>Repeated errors despite increased supervision</p>	
<p><b><u>Changes in attitude and relationships at work</u></b></p> <p>Expressed frustration or discontent</p> <p>Decreased written or verbal communication</p> <p>Negative comments about co-workers, leaders or organisation</p> <p>Blames others for declining work performance</p> <p>Resistance or sensitivity to advice or constructive criticism</p> <p>Complaints from co-workers</p> <p>Avoidance/withdrawal from others</p> <p>Hostility to co-workers</p> <p>Unpredictable response to work requests</p>		<p><b><u>Ill – health incapacity (Medical condition)</u></b></p> <p>Short term sick leave (30 days in a row)</p> <p>Long term sick ( 3 months)</p>	

**By agreeing to accept this referral, the employee:**

- Agrees and understand that the Employee Wellness Program services are voluntary not mandatory;
- Understands that the supervisor or line manager may call Employee Wellness for any substandard/declining work performance or concerning behavioural changes;
- Agrees that Employee Wellness will initiate contact with them regarding the referral;
- Will attend counselling to gain further understanding of the abovementioned background issue(s) and generate an action plan for managing these concerns personally and/or within the workplace;
- Agrees to appropriate work related feedback/reporting to occur between Employee Wellness and the line manager. No personal information will be disclosed, **confidentiality** is guaranteed at all times.

Employee's signature: \_\_\_\_\_

Manager's signature: \_\_\_\_\_

Date:

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Please return the completed form to:  
[shibu@sun.ac.za](mailto:shibu@sun.ac.za)