

## PERFORMANCE REFERRAL FORM

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

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## 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 \_\_\_\_\_