



Department of Human Resources
Government of the Virgin Islands
Road Town, Tortola VG 1110
Tel: (284) 468-9889 / 4352

FORMAL SUPERVISORY REFERRAL FORM PROCEDURES FOR MANAGERS & SUPERVISORS

1. It is recommended that you contact the EAP Counselor at 468-9889 for consultation FIRST. The EAP Counselor will walk you through the process and help you sort through options, and be ready for your officer before they call Employee Assistance Programme.

2. Fill out the first part of this form and follow the company's procedures, which in many cases include talking with HR. Take time to revise the form as needed BEFORE sharing it with the public officer, so you (or your company) do not write something on the form that shouldn't be there (like a diagnosis or personal issues).

3. Share the completed form (attached, not this cover sheet) in a private setting with the public officer.

Things to cover include:

- a. You are a valued public officer of this team;
- b. We have noticed these changes in your work performance;
- c. We want you to do whatever you can to take care of whatever is going on that is creating these performance problems;
- d. We want you to go talk with someone at the EAP;
- e. It's confidential, they won't tell us anything unless you let them and sign a form saying they can;
- f. They are trained professionals and their services are a free benefit for you; we hope that they can help you;
- g. Please sign this form saying that we had this conversation;
- h. The EAP will let me know if you attend the sessions. They will also inform me once your prescribed sessions end. They will not share any additional information with me.
- i. I hope you follow through and get whatever help you need to make things better;
- j. I will continue to monitor your job performance and will meet with you periodically to share feedback.
- k. Call the EAP to set up an appointment. Their number is: 468-4352. Follow up with the team member in a few days to ask if they were able to reach the EAP. Call us back if we can help.

**GOVERNMENT OF THE VIRGIN ISLANDS EMPLOYEE ASSISTANCE PROGRAMME (EAP)
SUPERVISORY REFERRAL FORM**

General Instructions: The purpose of this form is to provide information to the Employee Assistance Programme (EAP) regarding an officer's poor work performance when there is reason (s) to believe that the cause may be due to a personal or job-related problem. Please refer to the EAP Supervisory guide prior to making this referral. **(PLEASE PRINT IN INK OR TYPE)**

REFERRAL DATE: _____ PUBLIC OFFICER'S NAME: _____

POSITION: _____ ADDRESS: _____

HOME/CELL: _____ WORK PHONE: _____

DEPT/MINISTRY: _____ SUPERVISOR: _____

PHONE NUMBER: _____

TYPES OF REFERRAL

____ **Informal Referral:** The public officer is encouraged to contact EAP for advice in identifying strategies in resolving the stated job performance concerns.

____ **Formal Referral:** The public officer is requested to be seen by the EAP. The public officer has a choice to accept or decline the formal referral suggested. Once the public officer has accepted the formal referral he/she is expected to comply with the recommendations. The public officer is expected to satisfy the job improvements suggested that have been identified. Involvement with EAP does not protect the officer from disciplinary action. The manager/supervisor will receive feedback as to whether the public officer is continuing or discontinuing with appointments and status of compliant or non-compliant with the counsellor's recommendations.

REASON FOR REFERRAL

Current and Previous Work Performance Problems:

Referral to the EAP should be based on:

- Specific, observable job performance problems.
- Please indicate specific incidents, events, observed behaviors, or areas where the public officer has not met performance expectations.
- (Please attach additional pages if necessary.)

Please fill in the sections below that are relevant to this referral.

Current Observation(s) (check all reasons for this referral):

- | | |
|---|--|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> declining job performance |
| <input type="checkbox"/> Difficulty communicating and interacting with others | <input type="checkbox"/> Safety or mental health concern |
| <input type="checkbox"/> Substance abuse issue or positive drug | |
| <input type="checkbox"/> Other: _____ | |

Desired Performance Improvement: Be specific about what you want to observe in terms of improvement in work performance of public officers.

Past Attempts to Intervene:

Indicate all previous supervisory/administrative actions taken to address the job performance difficulties.

From your point of view, what is this Public Officer's strengths and weaknesses that may influence their ability to resolve this issue?

Please provide any additional information that you think would be pertinent to this referral:

THIS SECTION MUST BE COMPLETED BY THE PUBLIC OFFICER and the Supervisor

Supervisor's Section:

SUPERVISOR'S STATEMENT OF INTENT: As a manager/supervisor, I understand the purpose of the public officer's referral to the EAP is to allow the employee the opportunity to seek out objective and professional assistance towards resolving the job performance concerns documented. I endorse the employee's use of the EAP and will support the employee's on-going involvement in counselling or treatment if recommended by the EAP. I will continue to provide direct, objective, and timely feedback to the employee as to his/her job performance. The EAP coordinator will be abreast with any additional challenges that may arise with the officers.

Supervisor's Signature

Job Title

Date

Public Officer's Section:

Conditions of Referral: EAP counselling is confidential and your supervisor will not be informed of the nature of your personal problems. However, the EAP will notify your employer of your attendance to the programme. Attendance at the EAP will not protect you from further disciplinary action if your performance does not improve. You are still responsible for meeting standard job performance expectations set by your manager/supervisor. As a public officer the choice is yours to accept or decline the EAP counselling services, however, it is recommended that you take the services provided.

Public Officer acknowledges reading and understating of referral: I acknowledge and understand the terms of this Employee Assistance Program referral.

Signature: _____ **Date:** _____

I understand that I am being referred to the Employee Assistance Programme (EAP). I also understand that my signature below does not reflect my agreement/disagreement to any of the issues raised and my participation is voluntary. My signature verifies that I have seen the referral and all documentation contained therein.

_____ **YES**, I will participate in the Employee Assistance Programme.

_____ **NO**, I will not participate in the Employee Assistance Programme.

OFFICER'S SIGNATURE

SUPERVISOR'S SIGNATURE

DATE

DATE