

ATTENTION SUPERVISOR: A first step in making a successful referral is to call The Village Business Institute's (VBI) Employee Assistance Program at 1-800-627-8220. We'll take you through the process of appropriately referring an employee. Completed forms can be emailed to referral@thevillagefamily.org or faxed to (651) 925-0057, Attn: Intake Department.

FORMAL SUPERVISOR REFERRAL TO VBI FOR JOB PERFORMANCE ISSUES

Employee Name: _____ Employee's Job Title: _____ DOB: _____

Company Name: _____ Today's Date: _____

Primary Contact/Supervisor: _____ Title: _____

Phone: _____ Ext. _____ Email: _____

Mail Address: _____

REASON(S) FOR REFERRAL

Performance difficulties: (Please check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Difficulty working with others | <input type="checkbox"/> Unacceptable quantity of work |
| <input type="checkbox"/> Unacceptable quality of work | <input type="checkbox"/> Communications problems |
| <input type="checkbox"/> Safety violations | <input type="checkbox"/> Leaving early |
| <input type="checkbox"/> Excessive absenteeism | <input type="checkbox"/> Punctuality |
| <input type="checkbox"/> Other _____ | |

Describe specific behavior changes necessary for improved performance: _____

ADDITIONAL COMMENTS BY REFERRING SUPERVISOR

(Supervisor: Attach relevant documentation pertaining to employee job performance)

Above observations have been discussed on previous occasions? Yes No

If yes, list date of first discussion: _____ Date of second discussion: _____

Describe conditions for continued employment, disciplinary action pending, etc.

Employee Signature and Release of Information

By signing below, I _____, hereby authorize VBI program staff and the supervisor
(print name)

listed above to exchange pertinent and relevant information regarding:

1. My not scheduling/scheduling of appointments through VBI.
2. Verification of my attendance at scheduled appointments.
3. Results and recommendations of my counseling or consultation through VBI.
4. Information regarding compliance with recommendations.
5. Program involvement dates and program completion information.

My signature also serves as acknowledgement that the relevant policies and procedures affecting me have been clearly explained to me.

Client/Employee Signature Date

As a supervisor, I have explained the relevant policies and procedures described in this form. The employee has indicated his/her understanding of these issues.

Primary Contact/Supervisor Signature

Date

HR Representative Signature

Date

VBI Contact Person's Signature

Date



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AGREEMENT FORM

Employee Name: _____ Employee's Job Title: _____ DOB: _____
Company Name: _____ Today's Date: _____
Referred By: _____ Title: _____ Phone: _____

By signing below, I _____ understand:

- It is my responsibility to contact The Village Business Institute (800-627-8220) to schedule my initial appointment with intake staff
- That I will be moved to a non-compliant status if I have not scheduled the initial appointment within one week of referral
- That my file will be closed with a non-compliant status if I have not scheduled the initial appointment within two weeks of referral
- It is my responsibility to schedule any/all follow-up appointments in a timely manner (usually two weeks)
- This formal referral will continue until my counselor/evaluator and/or my employer say I have reached the goals they have set for me
- My participation and cooperation is expected in this process

Client/Employee Signature

Date

Notice to whomever disclosure is made concerning addiction records:

This information has been disclosed to you from records protected by the Federal Confidentiality rules (42 CFR, Part 2). The federal rules prohibit you from making further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

