



## **MANDATORY REFERRAL**

As an employee of \_\_\_\_\_ {**Your Company Name**}, I understand that I have been referred to the Employee Assistance Program (EAP). I understand that I must:

☐ Contact the EAP [SAP] counselor within 48 hours of time designated below.

A signed copy of this form will be presented to the EAP, as notification that I am a referral from \_\_\_\_\_ {**Your Company Name**}.

I understand that if I do not follow the directions checked above, that I may be subject to disciplinary action up to and including discharge of employment with \_\_\_\_\_ {**Your Company Name**}.

Likewise I understand that if I am required to submit to a drug and/or alcohol test and fail to do so that I may be subject to disciplinary action up to and including discharge of employment with \_\_\_\_\_ {**Your Company Name**}.

Employee Name (Printed): \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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