Employee Self-Referral Form – Employee Assistance Program (EAP)

CONFIDENTIAL DOCUMENT
This form is to be used by employees who wish to seek confidential assistance through the Employee Assistance Program (EAP) for personal, behavioral, or work-related issues that may be affecting their well-being or job performance. Participation in the EAP is voluntary and confidential in accordance with Government of Guam and Department of Administration personnel policies.

SECTION 1: EMPLOYEE INFORMATION

Employee Name: _____
Position/Rank: _____
Division/Station: _____
Employee ID (if applicable): _____
Date of Self-Referral: _____

SECTION 2: CONTACT INFORMATION

Preferred Contact Number: _____
Email Address: _____
Best Time to Contact: _____

SECTION 3: REASON FOR SELF-REFERRAL

☐ Personal Stress or Mental Health Concerns
☐ Family or Relationship Issues
☐ Substance Use or Dependency
☐ Workplace Stress or Burnout
☐ Critical Incident Response (e.g., trauma, grief, exposure to distressing events)
☐ Financial or Legal Concerns
☐ Other (please specify): _____
Brief Description (optional):
_____
_____
_____

Suite 1001 DNA Building • 238 Archbishop Flores Street • Hagåtña, Guam 96910
Phone: (671) 642-3454 • Fax: (671) 642-2012
Mailing Address: P.O. Box 2950, Hagåtña, Guam 96932

SECTION 4: EMPLOYEE CONSENT

I understand that participation in the Employee Assistance Program (EAP) is voluntary and confidential. I consent to be contacted by an EAP counselor or representative for the purpose of scheduling an appointment. I also understand that no information will be shared with my supervisor or any third party without my written consent, except as required by law or in cases of imminent risk of harm.
Employee Signature: _____ Date: _____

SECTION 5: EAP COORDINATOR USE ONLY

Date Received: _____
Counselor/Provider/Peer Assigned: _____
Initial Appointment Date: _____
Referred Services: _____
Follow-up Status: ☐ Completed ☐ In Progress ☐ Declined by Employee
EAP Coordinator Signature: _____ Date: _____

CONFIDENTIALITY NOTICE:
All information provided in this form will be maintained in strict confidence by the EAP in accordance with the Government of Guam Personnel Rules and Regulations, Department of Administration confidentiality policies, and applicable federal laws (including ADA, HIPAA, and 42 CFR Part 2).