DIPÅTTAMENTON GUÅFI GUÅHAN
GUAM FIRE DEPARTMENT
*Professionalism * Respect * Integrity * Dedication * Empathy*

Supervisor's Referral Form – Employee Assistance Program (EAP)

CONFIDENTIAL DOCUMENT
This form is to be used by a supervisor to refer an employee to the Employee Assistance Program (EAP) for support regarding personal, behavioral, or performance-related issues. Completion of this form does not constitute disciplinary action.

SECTION 1: EMPLOYEE INFORMATION

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

SECTION 2: SUPERVISOR INFORMATION

Supervisor Name: _____
Position/Rank: _____
Contact Number: _____
Email Address: _____

SECTION 3: REASON FOR REFERRAL

☐ Job Performance (e.g., absenteeism, tardiness, decline in work quality)
☐ Behavioral Concerns (e.g., conflict with peers, mood changes, irritability)
☐ Substance Use Concerns (e.g., odor of alcohol, erratic behavior, reports from peers)
☐ Critical Incident Response (e.g., exposure to traumatic events, grief, stress)
☐ Other (please specify): _____
Description of Observed Behavior or Performance Issues:
_____
_____
_____

SECTION 4: SUPERVISOR ACTIONS TAKEN

☐ Verbal counseling provided – Date: _____
☐ Written counseling or documentation issued – Date: _____
☐ Employee advised of EAP services
☐ Employee agrees to voluntary participation
☐ Mandatory referral (if related to workplace safety or policy violation)

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 5: EMPLOYEE ACKNOWLEDGMENT

I acknowledge that my supervisor has discussed this referral with me and that I understand the purpose of the Employee Assistance Program. I understand that participation is confidential and voluntary unless otherwise directed under department policy.
Employee Signature: _____ Date: _____
Supervisor Signature: _____ Date: _____

SECTION 6: EAP COORDINATOR USE ONLY

Date Referral Received: _____
Assigned Counselor/Provider/Peer: _____
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 Government of Guam Personnel Rules and Regulations, Department of Administration confidentiality policies, and applicable federal laws (e.g., ADA, HIPAA, and 42 CFR Part 2).