

# Precedence Inc.

UnityPoint Health

## Employee Assistance Program (EAP)

Manager Referral Form & Release of Information

Employee Name: \_\_\_\_\_

Company: \_\_\_\_\_

Referred by (Manager Name):

Date:

\_\_\_\_\_

Manager Contact Information (Phone/Email):

\_\_\_\_\_

Briefly describe the job difficulty or other reason for referral:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Indicate attempts at correction:

Verbal Warnings: \_\_\_\_\_

Written reprimands: \_\_\_\_\_

Other: \_\_\_\_\_

**Release of Information:** I authorize Precedence EAP or its provider representative to release verification of kept appointments to the referring manager via mail or telephone.

Employee Signature:

Date:

\_\_\_\_\_

Witness Signature:

\_\_\_\_\_

---

### INSTRUCTIONS FOR REFERRING MANAGER:

- ✓ Email Customer Service Coordinator Stephanie Burrough at Stephanie.Burrough@unitypoint.org to inform that you are making a Manager Referral.
- ✓ Human Resources (or designated contact) should always be involved with referral.
- ✓ Email Stephanie.Burrough@unitypoint.org or fax the completed and signed referral form to Precedence EAP attn: Stephanie Burrough at 563-742-5810
- ✓ Allow the employee up to 3 business days to call and schedule appointment.
- ✓ All EAP appointments are scheduled by calling 309-779-2273 or 1-800-383-7900.