




Department of  
**Human Resources**

# POLICY

<b>Approved by:</b> Juan Williams, Commissioner	<b>Policy Number:</b> 17-002 (Rev. 04/19)
<b>Signature:</b> 	<b>Supersedes:</b> NA
<b>Application:</b> Executive Branch Agencies, All Employees	<b>Effective Date:</b> August 1, 2017
<b>Authority:</b> T.C.A. § 4-3-1703, T.C.A. § 8-30-104	<b>Rule:</b> NA

## Management Referrals to the Employee Assistance Program

A management referral occurs when the manager or Human Resources representative refers an employee to the ParTNers Employee Assistance Program (EAP)<sup>1</sup> due to workplace issues. Management referrals are available to provide assistance to an employee who is having personal problems, to address problems affecting performance or as part of a performance plan or to address a company policy violation. A referral to EAP may also be needed when an employee exhibits behavior or conduct that may endanger the safety of the employee or others in the workplace. The EAP is typically a voluntary service available to employees to assist with workplace and personal issues. Referring an employee to the EAP allows a manager to fulfill his/her responsibilities, while allowing a trained professional to provide assistance to an employee.

### Types of EAP Referrals

There are three kinds of referrals a supervisor can make to the EAP:

1. Informal referral – There are minor issues starting to form but not to the level of needing a management or mandatory referral. An informal referral is a reminder or suggestion to an employee that the EAP is available for an issue of concern or an issue the employee may have disclosed to the workplace. The employee may choose whether he or she will follow through with the referral.
2. Management referral – A decline in work performance exists where the employee's job may be in jeopardy because of a performance issue, attendance issue, or behavior issue at work. The referral is part of a corrective performance plan and the expectations are for the employee to use the EAP as a tool to correct the performance or other work-related problem. An employee is asked to sign a release of information in order for the EAP to provide information regarding attendance and adherence. Participation in a management referral is a formal, documented referral to the EAP. However, participation is not mandatory. Therefore, if the employee declines the referral; the manager will continue to manage the employee. Although an employee shall not be disciplined for declining the referral, the employer is not prohibited from taking corrective

<sup>1</sup> For more information on EAP, please visit: <https://www.here4tn.com/> or call 855-Here4TN (855-437-3486).

<b>DOHR Policy:</b> <b>Management Referrals to the</b> <b>Employee Assistance Program</b>	<b>Policy Number:</b> 17-002 (Rev. 04/19)
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action regarding the underlying performance, attendance, or behavior issue that prompted the referral.

3. Mandatory referral – A mandatory referral requires an employee to consult with the EAP as a condition of continued employment. This type of referral is appropriate only for documented, on-the-job performance issues, policy violations, and/or observed behavior that may pose a potential safety risk in the workplace. Employees are expected to follow through with the EAP referral evaluation, treatment, and service recommendations in full. Employees who refuse to participate in a mandatory referral may be subject to termination based on the underlying job performance or behavioral concerns.

### **Application to Fitness-for-Duty**

A referral to the EAP is not considered a fitness-for-duty evaluation. However, the EAP can facilitate a connection to a fitness-for-duty provider. The EAP plays no role in either the “fitness” determination or the information reported back to the agency. The fitness for duty vendor or provider will send the report directly to the workplace representative. Reports shall be considered confidential and are not a part of the employee’s personnel file. The EAP can provide ongoing consultation to the workplace throughout the Fitness-for-Duty process.

### **Procedures for Referral to the EAP**

Referral to the EAP may occur by the employee contacting the EAP on his/her own, as result of a voluntary self-referral or informal referral. An employee may also be referred to the EAP on a management or mandatory basis as soon as a need becomes evident. In these circumstances, the workplace representative will call the EAP first to provide the referral details and will then ask the employee to call the management consultant. For mandatory and management referrals, employees will be asked to supply written consent for the EAP to release information pertaining to attendance and adherence to the EAP recommendations. The management consultant will monitor the referral until the treatment recommendations are complete and/or the workplace informs the EAP to close the referral.

Managers and supervisors should consult with the agency’s Human Resources office to discuss the need for the referral. The agency Human Resources division shall review all relevant information to determine if a referral is warranted. When a management or mandatory referral is made, a confidential discussion should be conducted with the employee to discuss the job performance, conduct, or other issues of concern. The Human Resources division should prepare a determination with supporting information to the agency’s appointing authority or designee for review and approval.

The management referral is not intended to replace, or protect an employee from disciplinary or administrative action. Whether the employee accepts or refuses the referral, all relevant information should be monitored and documented. If work performance or conduct does not improve, appropriate disciplinary or administrative action may be warranted. Remember, management consultation and the

<b>DOHR Policy:</b> <b>Management Referrals to the</b> <b>Employee Assistance Program</b>	<b>Policy Number:</b> 17-002 (Rev. 04/19)
---	--

referral process is designed to *augment* supervisory style and the State's disciplinary processes, not *replace* them.

### **Confidentiality**

The EAP will not discuss the personal problems of the employee without the written permission of that employee except when the employee is an immediate danger to himself/herself or others, or as otherwise provided by law. In cases of mandatory referrals when compliance with EAP recommendations have been made a condition of continued employment, the employee will be advised that the EAP will provide information to the agency concerning the extent to which the employee has complied with recommendations.

### **Americans with Disabilities Act**

Participants of the EAP are not perceived to be a “qualified individual with a disability” as defined by the Americans with Disabilities Act Amendments Act (ADA, ADAAA). Should an employee request an ADA accommodation for any health-related reason, including being treated by the EAP, the employee should contact the agency's human resources office or the Department of Human Resources Office of General Counsel.

Questions regarding this policy should be directed to your agency's Human Resources office or Office of the General Counsel.

<b>DOHR Policy:</b> <b>Management Referrals to the</b> <b>Employee Assistance Program</b>	<b>Policy Number:</b> 17-002 (Rev. 04/19)
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**Confidential**  
**Management and Mandatory Referral Form**

The purpose of this form is to provide information to the ParTNers Employee Assistance Program (EAP) regarding an employee's poor work performance, or conduct, when there is reason to believe that the cause may be due to a personal/medical problem. Additionally, when an appropriate release of information form has been completed, the EAP will inform the agency's human resources representative of each instance where an employee fails to attend a scheduled EAP counseling session.

***(Please print in ink or type)***

REFERRAL DATE \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_  
 (Please circle: Mr./Mrs./Ms.)

ADDRESS \_\_\_\_\_ HOME PH. \_\_\_\_\_  
 (City/County, State, Zip Code)

TITLE \_\_\_\_\_ WK. PH. \_\_\_\_\_ CELL PH. \_\_\_\_\_

DOB \_\_\_\_\_ EMAIL \_\_\_\_\_

DEPARTMENT/AGENCY NAME \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_  
 (City, County, State, Zip Code)

WORK HOURS/SHIFT \_\_\_\_\_ DAYS OFF \_\_\_\_\_  
 (Please use **non-military** time)

REFERRED BY \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

AGENCY EAP REPRESENTATIVE \_\_\_\_\_ PH. \_\_\_\_\_

TITLE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

AGENCY EAP REPRESENTATIVE'S SIGNATURE \_\_\_\_\_

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# DOHR Policy:

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**Policy Number:** 17-002  
(Rev. 04/19)

### Reason for Referral

*First, check the type of referral. Next, check the corresponding areas that are relevant to this referral; then attach documentation or synopsis supporting areas checked and overall reason for this referral. This is a:*

I.  **SUBSTANCE ABUSE REFERRAL**

VIOLATION OF AGENCY POLICY REGARDING SUBSTANCE ABUSE:

\_\_\_\_\_ Failed random drug test \_\_\_\_\_ Alcohol related conviction

\_\_\_\_\_ Other \_\_\_\_\_

II.  **JOB PERFORMANCE REFERRAL** *(This area must be impacted for referral eligibility, with supporting documentation attached for items checked):*

ATTENDANCE *(Please place numbers where numbers are requested):*

\_\_\_\_\_ Number of days absent past 12 mos. \_\_\_\_\_ Number of extended lunches past 6 mos.

\_\_\_\_\_ Pattern (e.g., Mondays, Fridays, after paydays, \_\_\_\_\_ Number of times late past 6 mos.  
before and after holidays)

\_\_\_\_\_ Other \_\_\_\_\_

BEHAVIOR(S) DEMONSTRATED WITH RESPECT TO JOB PERFORMANCE:

\_\_\_\_\_ Lower quality of work \_\_\_\_\_ Failure to meet schedules

\_\_\_\_\_ Decreased productivity \_\_\_\_\_ Inability to concentrate

\_\_\_\_\_ Increased errors \_\_\_\_\_ Impaired judgment/memory

\_\_\_\_\_ Erratic work patterns \_\_\_\_\_ Disregard for safety

\_\_\_\_\_ Avoids supervisors/coworkers \_\_\_\_\_ Less communicative

\_\_\_\_\_ Loss of interest \_\_\_\_\_ Frequent mood swings

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\_\_\_\_\_ Unusually sensitive to advice/constructive criticism

\_\_\_\_\_ Unusually critical of supervisor/coworkers/employer

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have the above issues been discussed with employee? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

If yes, when? (Please attach relevant documents) \_\_\_\_\_

**IF EMPLOYEE INTENDS TO PARTICIPATE, THIS REFERRAL CANNOT BE PROCESSED WITHOUT "YES" INDICATED BELOW AND EMPLOYEE'S SIGNATURE**

*I understand that my employer is referring me to the ParTNeRS Employee Assistance Program. I also understand that my signature below does not reflect my agreement or disagreement with any of the issues raised. My signature verifies that I have seen this referral and all documentation contained therein.*

\_\_\_\_\_ YES, I will participate in the Employee Assistance Program.

\_\_\_\_\_ NO, I will not participate in the Employee Assistance program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date