

Wellness Services Tanzania



CONFIDENTIAL

EWP FORMAL REFERRAL FORM

EWP Toll-Free Support Line: Vodacom 0767-996-001, 0767-996-002, 0767-996-003, 0767-996-004

1) Fill out form with employee, obtaining signature. 2) Email scanned form to casemanagement@wellnessservicestz.com 3) Call the support lines to discuss.

Name of Company:

Worksite:

Referring Manager/Supervisor/Dr:

ID number:

Job Title:

Telephone Number of Referrer:

Name of Employee Referred:

ID number:

Job Title:

Safety Sensitive Job: Yes ___ No ___

Telephone Number of Employee:

Date of Referral:

Reason for Referral:

Absent from work (state days in last month):

Indicate the severity of the problem (refer to negative performance indicators):

What in your view are the positive attributes and work performance indicators of this employee?

How does the employee explain his or her problem? (What reasons are given for his/her unsatisfactory work performance?)

Is the referral made in conjunction with a disciplinary procedure? Yes ___ No ___

Any other information that, in your opinion will be helpful in assisting the employee towards problem resolution?

Signature of Manager: _____ Date: _____

Signature of Employee: _____ Date: _____

Note: Inform the employee they have two weeks to make contact with the EWP and that you will be informed if they have sought counseling or not. Remind them content of counseling is still confidential.