

## HENRY FORD ENHANCE EMPLOYEE ASSISTANCE PROGRAM FORMAL REFERRAL MEMO

Employee Name:Employee Job Title/Department:		Date:	
		Employee Phone:	
Manager/Sup	pervisor/HR Name:		
Manager/Sup	pervisor/HR Phone:		
SUBJECT:	Referral to the Employee Assistance I	rogram	
help you mig		d to the Employee Assistance Program (EAP) for any at may be affecting your recent job performance. The	
with you on our expectation.  The EAP is depersonal life, offered by the	on that the above-mentioned job performance of the above-mention that is shared only information that it	broblem(s) that may be affecting your work or your FREE, and I urge you to take advantage of the service with me by the EAP counselor is if you keep the	
	and if you follow through on EAP record the mendations will be shared with me.	nmendations. No details about your problem or about the	
Employe		receiving this referral memo to contact EAP an appointment	
	EMPLOYEE ASS (313) 874-7122 or	ISTANCE PROGRAM 888.EAP.HFHS (327.4347)	
		ail this completed signed document to EAP ail: HenryFordENHANCE@hfhs.org	
to review you	·	I will, however, follow up with you onned problem(s) are not resolved within a reasonable	
	E SIGNATURE:	ommunicate with FAP to confirm appointments and	

By signing above, I give you authorization to communicate with EAP to confirm appointments and compliance with recommendations.