

FORMAL REFERRAL FORM

Richmond Employee Assistance Program

Please email this form to reap1afgc@gmail.com

Date: _____

Employer: _____

Supervisor Name: _____ Title: _____

Department: _____ Telephone: _____

Employee Name: _____

Department: _____ Telephone: _____

The employee listed above is being formally referred to REAP for assistance with:

_____ Attendance _____ Work Performance _____ Personal Behavior

_____ Violation of Substance Abuse Policy _____ Other(explain in the space provided below)

SUPERVISORS:

Please call REAP at (804) 270-4068 to alert them that you are formally referring an employee.