



SUPERVISOR'S REFERRAL FORM

DRUG-FREE WORKPLACE PROGRAM

Date: _____

TO: Donald J. Ward, Jr., M.Ed., SAP, LCDC, ADC, ICADC
Administrator, Drug Free Workplace Department

4400 West 18th Street
Houston, TX 77092-8501
Ph: (713) 556-4261
Fax: (713) 556-7318

FROM: _____
Supervisor Title Work Location/No.

SUBJECT: Supervisor's Referral to the Drug-Free Workplace Program

Employee's Name

Job Title

I am referring the above named employee to the Drug-Free Workplace Program. This referral is made because the following behavioral/medical items checked below were observed on the job.

Pattern of attendance that affects job performance:

- | | |
|--|--|
| <input type="checkbox"/> Excessive absences | <input type="checkbox"/> Unauthorized disappearances from work |
| <input type="checkbox"/> Excessive tardiness | <input type="checkbox"/> Prolonged lunch hours |
| <input type="checkbox"/> Unauthorized absences | <input type="checkbox"/> Absences on Mondays and/or Fridays |
| <input type="checkbox"/> Other _____ | |

Interpersonal behavior (relationships) on the job:

- | | |
|--|--|
| <input type="checkbox"/> Altercations with students | <input type="checkbox"/> Borrowing money from students |
| <input type="checkbox"/> Altercations with staff members | <input type="checkbox"/> Borrowing money from staff |
| <input type="checkbox"/> Altercations with the public | <input type="checkbox"/> Threats of violence |
| <input type="checkbox"/> Other _____ | |

Personal behavior on the job:

- | | |
|---|--|
| <input type="checkbox"/> Changes in personal appearance | <input type="checkbox"/> Marked changes in activity level |
| <input type="checkbox"/> Marked changes in mood | <input type="checkbox"/> Frequent trips away from work station |
| <input type="checkbox"/> Other _____ | |

Performance of professional duties:

- | | |
|--|---|
| <input type="checkbox"/> Poor judgment | <input type="checkbox"/> Delinquent reports |
| <input type="checkbox"/> Assignment failures | |
| <input type="checkbox"/> Other _____ | |

Health impairment _____

Comments: _____

By copy of this referral to the employee, I am directing them to contact the DFW for an appointment, within (5) working days.

In compliance with Federal Confidentiality Rule (42 CER Part 2), I understand that this document must not be placed in or become a part of this employee's permanent personnel file.

Supervisor's Signature

Referral Accepted/Employee Signature

Referral Refused/Employee Signature