

BUSINESS RESOURCE CENTER

2022 15th Avenue
Columbus, Georgia 31901

a division of the Pastoral Institute

(706) 649-6400 Phone
(706) 649-6430 Fax

CONFIDENTIAL MANDATED REFERRAL FORM

EMPLOYER _____ **DATE** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HUMAN RESOURCE DIRECTOR _____

PHONE _____ **FAX** _____

EMPLOYEE _____

JOB TITLE _____ **SUPERVISOR** _____

DEPARTMENT _____ **PHONE** _____

SATELLITE OFFICE (if applicable) _____

EMPLOYEE IS () **CONTINUING TO WORK** () **SUSPENDED**

JOB PERFORMANCE INDICATORS REQUIRING CORRECTIVE ACTION:

SPECIFIC CONCERN(S) TO BE ADDRESSED WITH THIS REFERRAL:

- 1. _____

- 2. _____

Once treatment is complete, a completion of treatment letter may be necessary. Please check here () if a completion of treatment letter is required for employee records.

If the employee is being mandated for treatment due to a failed drug screen, please provide the drug screen report along with this form. Also, please ask the employee to initial the following:

I authorize the release of my drug screen to the Business Resource Center. _____

Have the employee call (706) 649-6500 to schedule an appointment. The Human Resources Director should fax a signed copy of this form to the Business Resource Center at (706) 649-6430. A copy of this form should also be sent with the employee to the first counseling session.

Company Representative _____ Date _____

Signature of Employee _____ Date _____

(This form may be reproduced)