

Supervisor's Evaluation Form

Please complete and return to the EAP counselor before the appointment
(612) 332-4805 * 1-800-367-3271 * Fax: (612) 342-2422

DATE: _____

COMPANY/ORGANIZATION: _____

EMPLOYEE'S NAME: _____ JOB TITLE: _____

HR/SUPERVISOR'S NAME (To whom the info. will be released): _____

HR/SUPERVISOR'S PHONE NUMBER: () _____ FAX: () _____

EMPLOYEE MUST CALL IN BY: _____

(If a counselor has not confirmed employee's attendance, this indicates one of two things: 1) the employee did not attend or 2) the employee did not sign release of information.)

1. How would you rate the employee's overall job performance:

outstanding below average
 above average unsatisfactory
 adequate

2. This employee's work has been unsatisfactory in the following areas:

attendance mood swings other
 tardiness irritability
 sick leaves safety violations
 mistakes, carelessness reduced quantity
 forgetful reduced quality
 inconsistent judgment deadlines missed

3. Specific job performance you want addressed:

4. Have you suggested using the EAP to this employee in the past?

Yes No If yes: Date: _____ Reason: _____

5. Action taken to date concerning this employee's performance (written documentation including warnings, dates, issues and reasons).

6. Specific documented expectations for improvement, date for review, and deadline for expected change.

7. Consequences if job performance does not change: _____

