

SUMUNUMU/EMPLOYEE ASSISTANCE PROGRAM
MANDATORY REFERRAL FORM

DO NOT PLACE IN EMPLOYEE'S PERSONNEL FILE

EMPLOYEE NAME (PLEASE PRINT)

DATE

You are being referred to Sumunumu/Employee Assistance Program (EAP) based on positive test results for drugs/alcohol. As your supervisor, I understand it is my responsibility to forward a signed copy of this form to Sumunumu/EAP. They will notify me of your contact with them if you sign a release of information.

PHILOSOPHY

The Pyramid Lake Paiute Tribe recognizes the need to help employees who have personal problems that negatively influence their job performance. These problems include, but not limited to, family relationships and alcohol/drug abuse. The Pyramid Lake Paiute Tribe has established a Sumunumu/EAP to prevent further deterioration of job performance and to return the employee to productive employment.

A referral is not intended to alter or supersede normal employment rules, policies, regulations or disciplinary procedures listed in the Pyramid Lake Personnel Policy. It is the responsibility of supervisors to resolve unacceptable job performance or behavior. In meeting the responsibility, supervisors will refer an employee to the Sumunumu/EAP.

Participants in the Sumunumu/EAP will neither jeopardize nor guarantee an employee's job security, promotional or transfer opportunities. Participation in the Sumunumu/EAP may be voluntary or involuntary. The responsibility to correct substandard work performance or unacceptable job behavior rests with the employee.

HOW TO CONTACT THE SUMUNUMU/EAP

Your supervisor has mandatorily referred you to the EAP based on positive test results for drugs/alcohol. The Sumunumu/EAP is available to **HELP** you with any personal problems that may be affecting your job performance. The services of the Sumunumu/EAP are free to employees of the Pyramid Lake Paiute Tribe. Information you share with the EAP therapist will not be released without your permission. All records are maintained by Sumunumu/EAP.

To schedule an appointment with Sumunumu/EAP or obtain additional information, call 775)980-6507. The employee and Sumunumu/EAP should have a signed copy of this form. Please forward a copy to:

SUMUNUMU/EMPLOYEE ASSISTANCE PROGRAM
PO BOX 99
WADSWORTH, NV 89442

SUPERVISOR

EMPLOYEE

DEPARTMENT

POSITION

PHONE

DATE

PHONE

DATE