



## EAS – Service Request Form

**Instructions:** Please complete this form to request an appointment to the Employee Advisory Service.

**Date:**

<b>Agency's Name:</b>	
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<b>Individual requesting service</b>	<input type="checkbox"/> Employee	<input type="checkbox"/> Supr./Mgr.	<input type="checkbox"/> HR/ER/LR	<input type="checkbox"/> Other
<b>Name:</b>				
<b>Phone:</b>		<b>Email:</b>		

<b>Service is being requested for:</b>	<input type="checkbox"/> Employee	<input type="checkbox"/> Employee's Family Member
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### EMPLOYEE INFORMATION

<b>Employee Name (first &amp; last)</b>	<b>Cell Phone</b>	<b>Email</b>
<b>Department</b>	<b>Division</b>	<b>County</b>
<b>Have you ever been to EAS before?</b>	<input type="checkbox"/> YES <input type="checkbox"/> No	If YES, When?
<b>Have you ever been given a last chance agreement?</b>	<input type="checkbox"/> YES <input type="checkbox"/> No	If YES, When?

<b>Visit Reason / Presenting Issue</b>	<input type="checkbox"/> Work Related	<input type="checkbox"/> Personal
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<b>Provide detailed description of the referral and issue. Give specific examples. Attach additional pages if needed.</b>

[Download and review the notice of privacy policy.](#) Sign below to acknowledge receipt and review of the privacy policy.

<input type="checkbox"/>	I have received a copy of the notice of privacy practices and understand that if I have questions, at any time, I will consult with EAS.
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<b>Employee's Signature</b>		<b>Date:</b>
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**SUPERVISOR / MANAGER - REFERRAL ONLY**

<b>Has the employee ever been referred to EAS?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> No	If YES, When?
<b>Has the employee ever been given a last chance agreement?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> No	If YES, When?

<b>Visit Reason / Presenting Issue</b>	<input type="checkbox"/> <i>Work Attendance</i>	<input type="checkbox"/> <i>Job Performance</i>
	<input type="checkbox"/> <i>Coworker Relationships</i>	<input type="checkbox"/> <i>Supervisor Relationships</i>
	<input type="checkbox"/> <i>Other information</i>	

<b>WPV (Work Place Violence)</b>	<input type="checkbox"/> YES	<input type="checkbox"/> No
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<p><b>Provide detailed description of the referral and issue. Give specific examples. Attach additional pages if needed.</b></p>
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The above information is confidential and has been compiled to assist the Employee, Supervisor/Manager/HR/ER and EAS during the referral process. Please discuss the reasons for this referral with the employee and you may provide them with a copy of this form, at your discretion. This does not necessarily represent the employee's agreement with the contents; only that the employee is aware and understands the issue(s) the supervisor has identified and understands the supervisor/manager is recommending the employee be referred to EAS for assistance.

**Completed form can be forwarded to your Human Resource Office, emailed ([eas\\_help@csc.nj.gov](mailto:eas_help@csc.nj.gov)) or faxed directly to the Employee Advisory Service at (609) 633-8584.**