



REACH

MANAGEMENT REFERRAL FORM

Please fax, mail, or email to REACH prior to employee's initial appointment

University of Cincinnati
Cincinnati, Ohio 45221-0227
PO Box 210227
ML:# 0227
Phone: (513) 556-1380
Fax: (513)556-4524

Date of Referral: Employee's Name:

Phone #: Work Hours: Position:

Department:

Supervisor: Phone#:

1. What is the reason for the referral? Why now?

Four horizontal lines for text entry.

2. What specific changes have you seen in job performance, work habits and behaviors? Include how long you've noticed the changes. Identify incidents, dates and times. If the problem involves attendance, please attach attendance records.

Four horizontal lines for text entry.

Management Referral Form _____
(Employee Name)

3. What type of corrective action has been taken?

4. If this counseling process were to be successful, what would you see differently?

5. From your point of view, what strengths do you see in this employee that will help him/her to reach his/her goals?

6. What do you think will get in the way of him/her being successful?

Employee Signature _____
(My signature indicates I have received a copy of this form.)

Supervisor's Signature _____

The employee should call REACH at 556-2506 to set up an appointment.

