The following information is needed to effectively assess the needs of the employee and respond to the concerns in the workplace. Please contact WSSD at (717) 787-8575 before completing any employer based referral forms. Please attach all supporting documentation (witness statements, discipline letters, etc.).

Please check: COCE CDL DOC  LPR  IPE  Self Disclosure

If COCE: Last chance Substance Abuse Policy Fitness For Duty

EMPLOYEE INFORMATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | | |
| Identifying Information | SS# | Employee ID# | | Date of Birth |
| Agency: |  | | | |
| Location: | Worksite | | County | |
| Employment Information | Job Title | | Date of Hire/Length of Service | |
| Major Duties (include copy of job description for IPE/FFD): |  | | | |

***IF POSITIVE DRUG TEST***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Test: | Random | Return to Duty | Post- Accident | Reasonable Suspicion |
| Substance Type: |  | | | |

DESCRIBE IN DETAIL – ATTACH ADDITIONAL PAGES AS NECESSARY

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of Incident(s) leading to employer based referral |  | | | |
| Past Discipline |  | | | |
| Job Performance |  | | | |
| Time & Attendance |  | | | |
| Known Problems |  | | | |
| Relationships with Others | Coworkers: | Supervisors: | | |
| Other Information |  | | | |
| EXPECTED DATE OF REFERRAL: |  | | TIME, IF KNOWN: |  |

***PERSONS AUTHORIZED TO RECEIVE INFORMATION***

|  |  |  |  |
| --- | --- | --- | --- |
| **POSITION** | **PRINT NAME** | | **PHONE NO(S)** |
| SEAP Coordinator |  | |  |
| Back-Up SEAP Coordinator |  | |  |
| Labor Relations |  | |  |
| Name of Union (AFSCME, etc.) |  | |  |
| Union Representative |  | |  |
| Supervisor |  | |  |
| CDL Coordinator |  | |  |
| Other (Name/Position): |  | |  |
| **SENT BY:** | | **DATE:** | |

**FAX TO: OA-WSSD (717) 772-3153 Workplace Support Services Division**

# Questions – call (717) 787-8575 Office of Administration

## Bureau of Employee Benefits & Services