



Fairfax County Public Schools

Department of Human Resources
Office of Equity and Compliance
Employee Assistance Program (EAP)

EMPLOYEE ASSISTANCE REQUEST FORM

Please complete the form below and fax to 571-423-3057

Date: _____

Name

Employee Identification Number

Job Title

Referral Type:

Self Supervisor

Work Location

Telephone Numbers:

Best time for us to contact you:

Work: _____

Home: _____

Cell: _____

Best phone number to contact you:

Work Home Cell

Presenting Problem:

- | | | |
|----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Family/Child | <input type="checkbox"/> Alcohol/Drugs |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Medical | <input type="checkbox"/> Psychological Stress |
| <input type="checkbox"/> Marital | <input type="checkbox"/> Financial | <input type="checkbox"/> Multiple Issues |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Job-Related | |

Work Issue:

- | | |
|--|--|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Performance |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Multiple Issues |
| <input type="checkbox"/> Working with others | |

Please provide a brief overview of your request for services:

Large empty text area for providing a brief overview of the request for services.