MARULENG MUNICIPALITY

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DEPARTMENT CORPORATE SERVICES

EMPLOYEE WELLNESS PROGRAMME

FORMAL REFERRAL FORM

1. The purpose of this form/report is to enable the Employee Wellness Programme Division to render a more meaningful service to supervisors/managers and their staff to enhance work performance.
2. The information that supervisors/managers provide is highly confidential and is based on employee's performance and conduct.
3. It is important that the referral be first discussed with the employee in question and she/he must sign the form to show her/his consent to the referral process.
4. Should you need clarity on how to refer a challenged employee please contact the Employee Wellness Programme Office.
5. On completion, this form must be sent by hand mail in a sealed envelope marked "**STRICTLY CONFIDENTIAL**" to Employee Wellness Programme Office.

Employee's Name:			**Employee No:**	
Gender		**Age:**	**Marital Status**	
Occupation/ Job Title:			**Salary Level**	
Work Station:		**Number of Years of Employment in the Municipality**		
Division /Unit			**Employee Tel Number:**	
Supervisor's Name:			**Supervisor's Tel Number**	

1. Indicate the with X the observed incidents or behaviour that warrant referral of the employee to EWP.

ABSENTEEISM

☐ Excessive absenteeism

- Number of days absent in past 12 months .....
- Pattern (Mondays, Fridays, after paydays, before or after holidays or long weekends)
- .....

☐ Excessive lateness for the past 6 months (frequency)

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☐ Frequently leaves work place / area.

☐ Unusual excuses for absences.

☐ Multiple instances of unauthorized leave.

☐ Frequent sick leave or illness on the job.

☐ Other (specify):
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JOB PERFORMANCE

☐ Poor quality of work.

☐ Decreased quantity of work.

☐ Increased errors or mistakes.

☐ Impaired judgement and memory.

☐ Inability to concentrate.

☐ Frequent accidents on the job.

☐ Task takes more time or efforts to complete than requires.

☐ Failure to meet deadlines.

☐ Difficulty in managing tasks.

☐ Lack of consistency in work pattern.

☐ Other (specify):
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1.3 BEHAVIOUR AND ATTITUDES

- ☐ Avoids supervisor / co-workers.
- ☐ Deterioration of personal appearance.
- ☐ Less communicative at work.
- ☐ Low morale
- ☐ Unusually critical of supervisor or co-workers or employer
- ☐ Negative towards constructive criticism and advice from co-workers or supervisor.
- ☐ Wasteful of resources.
- ☐ Frequent mood swings.
- ☐ Aggression / Violence
- ☐ Negative towards supervision
- ☐ Insubordination
- ☐ Abuses/Smells alcohol or drug on duty
- ☐ (slurred speech, staggering, blood-shot eyes etc)

Other (specify):.....

2. How long has this problem been going on?

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3. Which corrective measures have been applied to solve the problem(s)?

(E.g. counseling, warnings, disciplinary action)

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4. Mention anything about the employee that would be helpful during EWP intervention. (Attach any relevant documentation, e.g.; record of absenteeism,

disciplinary proceedings, etc.)

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This serves to confirm that both the supervisor and supervisee have discussed this referral.

The supervisor accepts/ does not accept referral to EWP.

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Name and Surname

....

Supervisor's Signature **Date**

The supervisee accepts/ does not accept referral to EWP.

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Name and Surname

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Employee's Signature **Date**

.....

Name and Surname

....

Received by **Date**