



EAS – Service Request Form

Instructions: Download, complete and forward this form directly to the Employee Advisory Service. Email to EAS_help@csc.nj.gov or fax to (609) 633-8584.

Date:

Agency's Name:	<input style="width:80%" type="text"/>
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Individual requesting service	<input type="checkbox"/> Employee	<input type="checkbox"/> Supr./Mgr.	<input type="checkbox"/> HR/ER/LR	<input type="checkbox"/> Other
Name:	<input style="width:90%" type="text"/>			
Phone:	<input style="width:30%" type="text"/>	Email:	<input style="width:60%" type="text"/>	

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

Employee Name (first & last)	Cell Phone	Email
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>
Department	Division	County
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>
Have you ever been to EAS before?	<input type="checkbox"/> YES <input type="checkbox"/> No	If YES, When?
Have you ever been given a last chance agreement?	<input type="checkbox"/> YES <input type="checkbox"/> No	If YES, When?

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

[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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Employee's Signature	<input style="width:95%" type="text"/>	Date:
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SUPERVISOR / MANAGER - REFERRAL ONLY

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

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

WPV (Work Place Violence)	<input type="checkbox"/> YES	<input type="checkbox"/> No
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Provide detailed description of the referral and issue. Give specific examples. Attach additional pages if needed.

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.

to submit your downloaded document.

INTERNAL USE ONLY: Client #:

EAS Staff:

Date: