

FAX to: 650.697.8713

Supervisor's Report (Referral)

Employee's Name _____
Company _____
Department _____
Type of Work _____
Date Hired _____

Age _____
Sex: M F

Reason for Referral:

A Performance Problems:

- 1) Quality: Misses deadlines Poor decisions Frequent mistakes Dependent on others
 Details neglected Unable to keep current Work differs in quality
 Other: _____

- 2) Quantity: Lowered Output High/low productivity periods
 Undependable Difficulty in handling complex assignments
 Job takes more time
 Other: _____

Comments: _____

3) Absenteeism/Tardiness:

- | | |
|--|--|
| <input type="checkbox"/> Unauthorized leave | <input type="checkbox"/> Improbable excuses |
| <input type="checkbox"/> Excessive sick leave | <input type="checkbox"/> Higher rate of illness than other employees |
| <input type="checkbox"/> Monday/Friday absence | <input type="checkbox"/> Frequent, unscheduled absences |
| <input type="checkbox"/> Leaving work early | <input type="checkbox"/> Late coming to work on time |
| <input type="checkbox"/> Repeated absence of 1-2 days | <input type="checkbox"/> Late returning from lunch |
| <input type="checkbox"/> Repeated absence of 1-2 weeks | <input type="checkbox"/> Late returning from breaks |

Days Absent (Specific Dates) _____

Days Late (Specific Dates) _____

Days Left Early (Specific Dates) _____

- Other: _____

- 4) Initiative: Unwilling to change work responsibilities Unwilling to change ways of doing job
 Needs constant supervision Other: _____

5) Interpersonal:

- | | |
|--|--|
| <input type="checkbox"/> Over-reacts to real or imagined criticism | <input type="checkbox"/> Wide swings in morale |
| <input type="checkbox"/> Constant complaints to co-workers/supervisors | <input type="checkbox"/> Customer complaints |
| <input type="checkbox"/> Overly critical of others | <input type="checkbox"/> Makes unreliable or untrue statements |
| <input type="checkbox"/> Other: _____ | |

