

**Performance Based Referral
Recommendations**

Phone 800.383.1908

Fax 320.240.1501

Employee Name: _____

**Counselor: Please complete and send to VITAL WorkLife
no later than 3 days after all EAP sessions are concluded.
Attach additional information as necessary.**

Session Dates: _____

Areas addressed and progress toward each area:

Skill Building Addressed/Assigned:

Recommendations for continued Counseling, if applicable:

Recommendations for the Employer:

Counselor Signature _____

Date _____

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Recommendations have been shared with the employee