

**FAX (916) 503-6917**

**SUPERVISOR'S REPORT (REFERRAL)**

Employee's Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Department \_\_\_\_\_  
 Type of Work \_\_\_\_\_  
 Date Hired \_\_\_\_\_ Age : \_\_\_\_\_ Sex: M  F   
 Reason for Referral: \_\_\_\_\_  
 \_\_\_\_\_

**PERFORMANCE PROBLEMS**

**1) Quality:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Misses deadlines        | <input type="checkbox"/> Poor decisions         | <input type="checkbox"/> Dependent on others |
| <input type="checkbox"/> Details neglected       | <input type="checkbox"/> Unable to keep current | <input type="checkbox"/> Other: _____        |
| <input type="checkbox"/> Work differs in quality | <input type="checkbox"/> Frequent Mistakes      | _____  |

**2) Quantity:**

- |  |   |
|--|---|
| <input type="checkbox"/> Lowered Output      | <input type="checkbox"/> High/low productivity periods              |
| <input type="checkbox"/> Undependable        | <input type="checkbox"/> Difficulty in handling complex assignments |
| <input type="checkbox"/> Job takes more time | <input type="checkbox"/> Other: _____                               |

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**3) Absenteeism/Tardiness:**

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

Days Absent (*Specific Dates*) \_\_\_\_\_ Days Late (*Specific Dates*) \_\_\_\_\_

Days Left Early(*Specific Dates*) \_\_\_\_\_

Other: \_\_\_\_\_

**4) Initiative:**

- |  |   |
|--|---|
| <input type="checkbox"/> Unwilling to change work responsibilities | <input type="checkbox"/> Unwilling to change ways |
| <input type="checkbox"/> Needs constant supervision of doing job   | <input type="checkbox"/> Other: _____             |

**5) Interpersonal:**

- Over-reacts to real or imagined criticism
- Constant complaints to co-workers/supervisors
- Overly critical of others
- Other: \_\_\_\_\_
- Wide swings in morale
- Customer complaints
- Makes unreliable or untrue statements

**6) Abnormal behavior:**

- Coming to or returning to work in an obviously abnormal condition
- Obviously bizarre or abnormal actions on the job
- Makes threats of violence, exhibits weapons, talks about doing harm to others

Comments: \_\_\_\_\_

**7) Appearance (indicate recent changes):**

- Unkempt or unclean
- Disheveled appearance
- Other: \_\_\_\_\_

**8) Attitude (indicate recent changes):**

- Toward supervisor
- Toward others: \_\_\_\_\_
- Other: \_\_\_\_\_

**9) On-duty accidents:**

- Accidents to equipment
- Accidents on the job
- Other: \_\_\_\_\_
- Accidents off the job but affecting work performance
- Frequent trips to Occupational/Employee Health

**Personal problems:**

- Interfering with work
- Concerned for employee

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Warnings or disciplinary actions taken (Nature, Dates):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Supervisor's observations (Including attempts at correction and summary of last meeting):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor's name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Supervisor's Phone number