

**SUPERVISORY REFERRAL FORM**  
**Prince George's County Fire/EMS Department**

Date:     /     /

**To:           Latif A. Rasheed, Counselor/Therapist**  
PGFD Employee Assistance Program and Volunteer Assistance Program  
1400 McCormick Drive, Suite #310, Largo, Maryland 20774  
Office (301) 883-6270           Cell (240) 832-5758

**Re:           Supervisory Referral for:** \_\_\_\_\_  
*rank/title, full name and assignment location*

The purpose of an EAP/VAP supervisory referral is to determine whether the individual is psychologically fit to perform essential job functions. **THIS FORM IS TO ALWAYS BE MANAGED AND TRANSMITTED IN A CONFIDENTIAL MANNER.**

**REFERRAL JUSTIFICATION RELATED TO PERFORMANCE, BEHAVIOR AND/OR ATTENDANCE**

Please describe relevant behaviors or actions that you or identified 3<sup>rd</sup> party sources are aware of that support this referral:

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Please provide specific questions, concerns, or topics that the Counselor/Therapist should address:

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PLEASE ACKNOWLEDGE EACH STATEMENT WITH YOUR INITIALS.

- \_\_\_\_\_ The purpose of this evaluation is to enable EAP/VAP to make a recommendation to the referring supervisor and the Office of the Fire Chief about whether the individual is unfit for duty, specifically unable to safely and effectively perform duties due to psychological factors.
- \_\_\_\_\_ If the individual is determined to be unfit for duty, EAP/VAP will initiate the process to place the individual in a leave type status to complete further evaluation or higher level of assessment.
- \_\_\_\_\_ If the individual is fit for duty and returned to assignment, I will only be advised of the individual's compliance with the EAP/VAP mandated appointment. No other information about the individual will be disclosed.
- \_\_\_\_\_ I remain available if additional information is needed.

Referring Supervisor Rank, Name & Contact Number: \_\_\_\_\_

Referring Supervisor Signature: \_\_\_\_\_