



Employee Assistance Program

1.877.622.4327
Employer ID: COR
CignaBehavioral.com



CITY OF RICHMOND

Department of Human Resources
900 E. Broad Street, Room 902
Richmond, VA 23219
(804) 646-5660
FAX 646-6856

Management Referral Form

Date:

To:

HR Consultant, Department of Human Resources

From:

Referring Supervisor

Department

Phone Number

Re:

Employee Full Name

The employee listed above is being formally referred to the EAP for assistance with:

A pattern of performance problems

A pattern of behavior problems

Violation of the Alcohol Section of the Substance Abuse Policy- Confirmed alcohol test of >0.02 and <0.04

Other (please specify):

Special Notes to Supervisors:

- Email or fax this form to your HR Consultant and follow up by phone for approval.
- Once you receive approval from the HR Consultant for a management referral, call Cigna at 1.877.622.4327 and use the Employer ID: COR
- If you have supporting documentation related to this referral, please provide it to the HR Consultant.

Copies of this form should be forwarded to the department HR Liaison and the employee.

Approved/Disapproved: _____ Date:

cc: Personnel File