

City of Laredo
Reasonable Suspicion Referral Form

(Note: This form must accompany the Reasonable Suspicion Observation Form)

(Please Print)

Employee Name: _____

Last 4 digits of Social Security No.: _____

Date of Referral: _____ Time of Referral: _____

Director/Supervisor Making Referral: _____

Reason for Referral: _____

Director's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

(For EHN Use only)

Employee Health Nurse's Signature: _____ Date: _____

Time of arrival at Employee Health and Wellness Division: _____ am or pm

Will employee be sent for a Drug and Alcohol Test? Yes____ No____

Follow-up Date: _____

INITIAL EAP Referral Date: _____

Form DA2