



**PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE / EMERGENCY MEDICAL SERVICES DEPARTMENT**



**Supervisory Referral for Services Form**

**EMPLOYEE NAME & CONTACT NUMBER:** \_\_\_\_\_

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

Please provide a brief description of the presenting problem or concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any relevant behaviors or actions displayed by the employee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide information regarding any direct observations, credible third-party reports, or other reliable evidence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide any particular questions, concerns, or topics that the Counselor should address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFTER READING EACH STATEMENT, PLEASE PLACE YOUR INITIALS IN THE SPACE PROVIDED AND SIGN/DATE BELOW**

By the signature below, I acknowledge that I understand the following:

\_\_\_\_\_ The purpose of the evaluation is to enable the EAP/VAP Counselor to make a recommendation to 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.

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\_\_\_\_\_ If the individual is determined to be unfit for duty, EAP/VAP will initiate the process to place the individual in an operational status in accordance with General Orders 08-06 and 08-09.

\_\_\_\_\_ 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 may be called upon to provide a written release of information in the event that an additional evaluation or other specific recommendations related to this referral are requested.

\_\_\_\_\_ No copies of referral forms shall be maintained in any location outside of EAP/VAP.

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

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

Return Form to: Health & Wellness Office  
[Health\\_Wellness.PGFD@co.pg.md.us](mailto:Health_Wellness.PGFD@co.pg.md.us)

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