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CITY OF GREENVILLE

POLICY NO.: 3.4

DATE: February 15, 2017

SUBJECT: Employee Assistance Program

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APPROVALS:



City Manager



City Attorney



Human Resources Director

I. Purpose

The City of Greenville has established an Employee Assistance Program (EAP) to provide professional assistance to employees and their immediate dependent family members who are experiencing personal problems that are affecting the employee's performance at work. The purpose of the EAP is both preventative and corrective: to assist employees in early identification and assessment of personal and/or family problems that are affecting, or potentially may affect, the employee's ability to perform satisfactorily at work, and to resolve those problems through direct counseling intervention or by directing the employee to other resources which can help resolve the problem and free the employee to perform well at work. To the extent possible, the City will encourage self-referral for EAP services.

II. Applicability

This policy applies to all classified full-time and permanent part-time employees of the City of Greenville as well as immediate family members residing in the household of an eligible employee and dependents of an eligible employee who are eligible for group health insurance coverage, no matter where they reside, are eligible to participate in the EAP. Additionally, retirees and employees who have separated from the City are eligible to receive EAP services within the first 6 months from their date of separation, though this benefit is not available to their dependents or family members.

III. Definitions

- **Critical Incident:** An event that causes an unusually intense stress reaction, such as a major catastrophic accident, employee death(s), natural disaster, or violent attack that can cause psychiatric injury.
- **Employee Assistance Program:** A contracted, confidential short-term counseling and referral program provided by the City at no cost for eligible participants. The City does not assume any financial responsibility for treatment beyond the terms of the EAP agreement.
- **Mandatory Referral:** Occurs when an employee's work performance becomes a critical issue and termination is being considered. The supervisor consults with Department Director and Human Resources Director and the decision is made to direct the employee to seek assistance from the EAP provider and follow through on the recommended treatment plan as a condition of continued employment with the City. Failure to follow through will result in termination.
- **Supervisory Informal Referral:** Occurs when a supervisor or manager recognizes that an employee's performance and/or work habits or attitude is declining or problematic and encourages the employee to participate in EAP counseling to assist the employee in addressing their personal issues. The employee may elect to refuse the supervisor's informal referral without penalty.
- **Self-Referral:** An employee, recognizing the need for counseling or referral services, voluntarily elects to seek EAP assistance.

IV. Policy

The City of Greenville, as an employer, recognizes that a wide range of personal problems may affect job performance. The EAP program is designed to raise employee awareness of how personal problems affect work performance and to offer assistance through EAP consultation, evaluation, counseling and/or referral to community resources and treatment facilities. It is the policy of the City to encourage employees to seek assistance for such problems. Both educational programs and intervention procedures may be utilized.

The decision to seek voluntary assistance is at the sole decision of the employee. There is no need to inform the City or to go through a City representative to contact the EAP provider for an appointment. However, if work performance is affected, a mandatory referral may be initiated by the City to facilitate improved work performance. Normal disciplinary procedures will remain in effect regardless of participation in the EAP.

Employee contacts with the EAP are held *strictly confidential* by the EAP provider. Confidentiality, however, may be compromised and intervention action will be taken only if and when the EAP provider determines that one is a threat to one's own life or to the life of another.

EAP records are confidential. All information given to the EAP, with the exception of certain mandatory referral compliance information, shall be retained within the offices of the EAP provider, and will not become part of any employee's personnel file, medical file or other file. EAP utilization by an employee will not adversely affect an employee's job security and/or promotional opportunities.

V. Procedures

A. Designation of Employee Assistance Program Coordinator

The City's Employee Health Administrator shall serve as the Employee Assistance Program Coordinator and be the primary point of contact for the EAP provider. The Employee Assistance Program Coordinator, with the assistance of the Human Resources Director, shall be responsible for the overall design, development, management, implementation, coordination and evaluation of the Employee Assistance Program. The Coordinator will monitor and promote utilization of the EAP, reviewing and reporting on quarterly utilization reports. The Coordinator will also work with employees to resolve EAP service concerns. The Program Coordinator shall respond to requests for, or initiate information sessions on, topics of interest or concern; work in conjunction with departments to address broad issues of a healthy workplace; be responsible for supervisor and employee education and training about the EAP; and distribute written information about the program to employees.

B. Confidentiality

The EAP is a CONFIDENTIAL referral, and counseling program. Trained professionals contracted with the EAP provider provide assistance with identifying problems, exploring ways to resolve a problem, providing support and providing appropriate referral and counseling services. The EAP offers help, or referral, with a variety of concerns, including but not limited to:

- Anger Management
- Anxiety
- Career Planning
- Child & Adolescent Problems
- Childcare/Eldercare Issues
- Coping with Medical Problems
- Crisis Management
- Depression
- Domestic Violence
- Emotional Issues
- Grief
- Family Relationships
- Identity Theft Issues
- Interpersonal Relationships
- Legal/Financial Issues
- Marital Relationships
- Psychological Issues
- Occupational Issues
- Safety
- Stress
- Substance Use Concerns
- Workplace Violence

The EAP provider does **not** provide the following services: psychological testing, psychiatric evaluation, fitness for duty evaluations, court-mandated treatment, medication services, financial management services, or legal representation. These services are considered beyond the purpose and scope of the EAP. The EAP will, however, refer employees to an appropriate source of treatment or evaluation for these problems.

C. Types of EAP Referrals

There are three types of referrals to the EAP program:

1. **Self-Referral**. Self-referral occurs when an employee has a personal or work related problem he/she wants to discuss with a professional in private and in a confidential setting. A self-referral may also occur when *someone else* recognizes that an employee is distressed or going through a difficult time and suggests he/she use the EAP. This advisor might be a fellow employee, a family member, or a doctor. The employee then contacts the EAP without anyone in the City becoming involved. No information about the employee will be released by the EAP provider without signed written consent from the employee.
2. **Supervisory Informal Referral**. A supervisory informal referral occurs when a supervisor or manager recognizes changes or declines in an employee's job performance, work habits, or attitude, and recommends counseling to the employee to assist the employee with coping with his/her personal issues that appear to be contributing to the declining performance. The supervisor should first discuss the employee's job performance problems with the employee. The supervisor is responsible for documenting any such performance problems. A supervisory informal referral may also occur when the employee brings a personal problem to the attention of the supervisor. The supervisor should focus on job performance, explain to the employee how the EAP works, offer assistance with contacting the EAP if needed, and make a positive offer of the EAP resource if an employee's productivity slips. It is **NOT** the supervisor's responsibility to diagnose the employee's problems. Rather, the supervisor should be concerned with job performance, and may refer the employee to the EAP provider when the supervisor feels such is prudent to deal with declining performance. Employees retain the right to refuse EAP counseling without penalty.

In preparation for making an informal referral, the supervisor/manager should take the following steps:

- i. Ensure that all performance issues have been documented and addressed consistent with Human Resources policies.
 - ii. Prior to meeting with the employee, complete the Workplace Referral Form, shown in this policy as Exhibit A, to document the reason for the referral, the desired improvement necessary to achieve satisfactory job performance, the consequences if improvement is not achieved, and the previous steps or disciplinary actions taken or to be taken to address this issue.
 - iii. When meeting with the employee, first review the completed Workplace Referral Form with the employee.
 - iv. Review with the employee that Statement of Understanding Regarding Workplace Referrals form, shown in this policy as Exhibit B. This form explains the referral process, and provides the employee with the opportunity to designate whether or not he/she will voluntarily choose to use EAP services. This form should be signed and dated by both the employee and supervisor, whether the employee chooses to use EAP services or not.
 - v. If the employee agrees to voluntarily use EAP services, then the supervisor shall review with the employee that Workplace Referral Release of Information form, shown in this policy as Exhibit C. In order to be effective, this form must be signed and dated by both the employee and the supervisor. If the informal referral to the EAP is accepted by the employee, the employee contacts the EAP provider, and no information about the employee except what is allowed by the Workplace Referral Release of Information form will be released by the EAP provider without further signed written consent from the employee. All forms are then to be sent to the EAP provider via fax so that the EAP provider can anticipate the employee calling for assistance.
 - vi. The employee may have copies of all forms if he/she wishes to have them, but the originals of all forms should be retained by the supervisor in the employee's file.
3. Mandatory Management Referral. Mandatory management referral occurs when the employee's work performance becomes a critical issue and termination is being considered. The Mandatory Management Referral is a serious matter and should only be utilized as part of a last measure in addressing employee job performance issues. It may not be used as an ongoing method to discipline as such action diminishes the impact of the management referral. When it is suspected that "non-job performance" issues are contributing to the problem, the Management Referral Form SHOULD NOT be completed unless job performance is being adversely affected. Non-job performance issues would be perceived or disclosed mental health issues, such as depression, anxiety, and stress and/or personal problems such as family, financial, and legal. Instead, it is appropriate for a manager to make an informal referral to the EAP whenever it is felt the employee could benefit. Expressions of concern to the employee and providing the employee with information about the EAP by giving them an EAP wallet card or brochure direction are actions that may be taken.

Mandatory management referral may be made when a previous supervisory informal referral has not been acted upon by the employee and the problem is now adversely affecting work. Or, mandatory referral may result from situations such as a critical decline in work performance on the part of an employee, a serious incident or observation of a problem that has affected, or may affect, the job performance or safety of the employee, co-workers or the workplace. Although the final decision to use the EAP must be the employee's decision, compliance with a mandatory management referral appointment and with all subsequent EAP treatment recommendations will be a condition of the referred employee's continued employment.

Mandatory referrals may only be issued after prior consultation with and approval from the Department Director (or designated representative) and the Human Resources Director. In preparation for making a mandatory referral, the supervisor/manager should:

- i. Ensure that all performance issues have been documented and addressed consistent with Human Resources policies.
- ii. Consult with the Department Director (or designated representative) and the Human Resources Director first.
- iii. Meet with employee to discuss the specific job performance issues involved (absenteeism, productivity, interpersonal communication, violations of company policy, positive alcohol/drug screens, etc.).
- iv. Complete the Mandatory EAP Management Referral form (Exhibit D) and review with the employee. When an employee receives a mandatory management referral to the EAP, the employee will be required to sign a release (see Exhibit E) authorizing the EAP provider to release information and reports to a designated individual(s) at the City regarding attendance at appointments, compliance with treatment plan and aftercare plan, etc., to ensure the employee is following the recommended plan. The EAP provider will monitor compliance with recommendations and report compliance or noncompliance issues to the authorized City representative. Confidentiality as to the exact nature and details of the employee's personal problem will be confidential and carefully guarded by the EAP provider and will not be disclosed without the employee's written permission.
- v. Obtain the employee's SIGNATURE on the Mandatory EAP Management Referral Form where indicated. Without employee's signature, information will not be released by the EAP to the City, including whether the employee has called to make an appointment with the EAP, attended sessions, or followed the treatment plan specified by the EAP provider. If the employee refuses to sign the form the mandatory management referral to EAP cannot go forward, and termination of the employee's employment may then be the appropriate remedy.
- vi. Inform the employee being referred that they have 48 hours from the time of notification to contact the EAP provider and schedule an appointment. Failure to do so will be viewed as insubordination and result in termination of employment.

- vii. Attach documentation of performance behaviors to the management referral form, including any formal disciplinary written reprimand, counseling memo, incident report or last chance agreement that has been signed by the employee. The EAP provider will not accept any document that the employee has not signed, including co-worker statements, anecdotal notes, etc.
- viii. The manager must submit the Management Referral Form and supporting documentation to the Human Resources Director as soon as the manager has concluded the meeting with the employee. The Human Resources Director will submit the materials to the EAP provider and confirm receipt.
- ix. The Human Resources Director will then notify the referring manager to have the employee call for an appointment, and provide periodic updates to the supervisor regarding the employee's compliance and completion of the EAP counseling.

D. Employee Compliance with Mandatory Referral

Compliance with the recommendations of the EAP is the responsibility of the employee. An employee who has been given a mandatory referral by the City and who refuses to or fails either to contact the EAP as directed or to comply with the EAP's treatment plan will be subject to immediate employment termination.

E. Disciplinary Procedures

Normal disciplinary procedures of the City will remain in effect and are in no way abrogated by an employee's participation in the EAP. Incidents of flagrant misconduct which require immediate disciplinary action will continue to be dealt with under the City's disciplinary policy, regardless of referral to EAP, and supervisory referral to the EAP is not an appropriate substitute or alternative for warranted disciplinary action.

F. Supervisory Consultations

Supervisory consultations are available and supervisors are encouraged to consult with the EAP provider for assistance on how to work effectively with employees with unsatisfactory work performance, how to refer employees to the EAP, corrective measures and monitoring job performance. City policy should be followed for disciplinary action.

G. Critical Incident Stress Debriefing

Critical Incident Stress Debriefing (CISD) is a recognized technique used to provide professional care for personnel exposed to potential or actual traumatic incidents. A critical incident is any event that causes an unusually intense stress reaction. Some examples of critical incidents may include death in the line of duty, employee suicide, serious multiple casualties, etc. The distress people experience after a critical incident may limit their ability to cope, impair their ability to adjust, and negatively impact their work environment.

The goal of a CISD is to achieve crisis stabilization and foster natural resilience and coping through practical and emotional support to those affected. It emphasizes facilitated small group discussions among affected persons. A CISD is a confidential, educational process designed to accelerate the normal recovery process in individuals who have been exposed to highly abnormal events. The CISD process provides an opportunity for personnel involved in the incident to discuss feelings

and reactions in order to reduce the stress resulting from exposure to traumatic events. These sessions will provide a safe, structured and supportive environment for addressing common reactions, offering information to promote resilience, and identifying those who may need further resources, including individual counseling. CISD is an adjunct to professional medical, psychological, spiritual or other appropriate support services.

Attendance at a debriefing can be mandated by the Department; however, active participation cannot be required. Debriefings will be made available for all personnel involved in the incident. Employees directly involved in critical incidents may be mandated to attend scheduled debriefings when utilized. At the Department Director's discretion, personnel closely involved with critical incidents, or significantly affected by a critical incident, may be mandated to attend EAP counseling in addition to participation in any department-sponsored CISD.

A CISD intervention will be coordinated within 24 to 72 hours after a critical incident by the Department Director or his/her designee. However, the Department Director and/or the designee will be responsible for contacting the City's EAP Program Coordinator to assist departmental efforts and coordinate needed support.

H. Roles and Responsibilities

1. EAP Program Coordinator

- Coordinate EAP services by responding to requests for or initiating information sessions.
- Work in conjunction with departments to address broad issues of a healthy workplace.
- Provide education and training regarding EAP services to supervisors and employees.
- Address and facilitate resolution of any service issues.
- Serve as the primary point of contact for the EAP provider.
- Protect employee confidentiality.
- Process monthly invoices in payment of EAP provider fees.
- Review quarterly utilization reports.
- Coordinate mandatory referrals in the absence of the Human Resources Director.
- Coordinate and initiate Critical Incident Stress Debriefing with EAP services and affected City department as warranted.

2. Human Resources Director

- Provide consultation to Department managers regarding mandatory referrals.
- Coordinate process of mandatory referrals with EAP provider.
- Protect employee confidentiality.
- Assure new employee EAP training during Benefits Orientation.

3. Department Management

- Promote availability and understanding of EAP Services.
- Provide employees with a problem that directly affects their job performance with an offer of help through the EAP.
- Initiate Supervisory Referral as appropriate for job performance issues.
- Coordinate mandatory referrals with Human Resources Director.
- Ensure performance issues are documented in a timely manner, consistent with City policy.

- Participate in EAP Training
- Protect employee confidentiality.
- Identify the need for and coordinate provision of mandatory CISD.

4. Employee Health Clinic

- Maintain mandatory EAP referral files.
- Monitor EAP referral status and coordinate any issues with Human Resources Director and employee's Department Director.
- Protect employee confidentiality.
- Reinforce communication of the availability of EAP services.
- Coordinate CISD as warranted.

5. Employee

- Utilize EAP services for personal benefit.
- Comply with mandatory referrals.
- Participate in mandatory CISD if affected.

Exhibit A



**First Sun Employee Assistance Program
Workplace Referral Form**

Referral documents should be maintained in a file separate from the employee's personnel file.

Employee _____ Date _____

Job Title _____ Department _____ Phone # _____

Length of time with: a) Company _____ b) Current Job _____ c) Current Supervisor _____

Primary Contact Person: _____ Title _____ Phone # _____

Company Address _____ Email: _____

REASON FOR REFERRAL

Please indicate current workplace problem area(s).

UNPROFESSIONAL BEHAVIOR

- Frequent or intense arguments
- Rude/abrasive behavior
- Threatening or intimidating behavior
- Verbal abusiveness
- Other (please describe under "Comments")

ABSENTEEISM

- Excessive absenteeism
- Frequent unscheduled leave requests
- Frequent general leave or illness on the job
- Excessive lateness/leaves early
- Other (please describe under "Comments")

JOB PERFORMANCE

- Decreased productivity
- Erratic performance
- Excessive absenteeism
- Frequent unscheduled leave requests
- Frequent illness on the job
- Excessive lateness/early departures
- Failure to follow procedures
- Failure to meet schedules/deadlines
- Impaired judgment, memory or ability to concentrate
- Incomplete work
- Increased errors
- Lower quality of work
- Other (please describe under "Comments")

SAFETY

- Safety violations or accidents
- Self-reported alcohol or other drug use
- Sudden mood swings (tearful, angry)
- Talk of death or suicide
- Other (please describe under "Comments")

COMMENTS RELATING TO CURRENT WORKPLACE ISSUES

Exhibit A

DESIRED IMPROVEMENT (What the employee must do to achieve satisfactory performance including time frame for improvements)

CONSEQUENCES IF IMPROVEMENT IS NOT ACHIEVED

PREVIOUS STEPS OR DISCIPLINARY ACTION TO ADDRESS THIS ISSUE

HAS THERE BEEN A PREVIOUS JOB PERFORMANCE REFERRAL TO THE EAP?

Yes: Date _____ No



Exhibit B

Toll Free 800-968-8143 Greater Columbia Area 803-376-2668

Statement of Understanding Regarding Workplace Referrals to First Sun EAP

When referrals to the Employee Assistance Program are made because of workplace concerns, all parties (the company, employees and EAP consultants) have the same goal . . . **to resolve workplace problems.**

One or more company representatives have discussed your current workplace problem(s) and workplace history with employee assistance program staff. **Discussions of workplace concerns between and among the involved parties will continue in order to clarify workplace issues and to monitor progress toward problem resolution.**

The company offers EAP services to you as a means for you to get assistance in resolving workplace problems. Participation in the EAP does not restrict the company's right to take disciplinary measures. In addition to continuing discussions about progress toward resolving workplace concerns, an EAP consultant will inform the company whether or not you are using EAP services and if you are following the EAP recommendations. Records and details about your personal clinical issues are confidential and are not shared with the company or anyone else without additional permission, except as may be required by state laws, federal laws or applicable regulations (DOT, NRC, DOD etc.) For example, EAP consultants are required to:

1. Report evidence of child or elder abuse.
2. Take appropriate action if a person is assessed to be a danger to self or others.
3. Take appropriate action if a person poses a safety or security risk at the workplace.
4. Respond to subpoenas from a court or a workers compensation review committee.
5. Release information or documents relating to an employee's compliance with DOT, NRC, DOD, or other applicable regulations.

Workplace Referral

I understand the EAP offers assistance in resolving workplace problems. Job performance matters will continue to be reviewed on their own merits by your employer. I have read or had explained to me the *Statement of Understanding Regarding Job Performance Referrals to the EAP* and understand its contents. I am voluntarily choosing to use not use the EAP at this time.

Employee/ Date

HR/Supervisor/ Date

**PRIOR TO THE FIRST EAP VISIT, please fax this form to Risk Manager at FIRST SUN EAP
FAX (803) 799-3772**



Toll Free 800-968-8143 Greater Columbia Area 803-376-2668

**WORKPLACE REFERRAL
Release of Information**

Company: _____ Date: _____

I, _____, understand that I am being referred to
(Name of Employee)

FIRST SUN EAP for problems and/or safety concerns in the workplace. I understand that I must contact
_____, by _____ to schedule an appointment.

Information to be released includes but may not be limited to:

1. Scheduled appointments and attendance
2. Recommendations pertinent to resolution of identified workplace problems
3. Compliance with these recommendations
4. Completion of EAP recommendations

I authorize FIRST SUN EAP to release this information to:

Name of Referring Supervisor/Manager/HR Liaison (Please Print)

Phone Number(s)

Email address

I understand that this referral is part of an effort to improve job performance and/or workplace behaviors. Should sessions be needed beyond EAP benefits to resolve workplace issues, I understand that I will be responsible for any applicable EAP or insurance co-payments. I also understand that I may be billed for sessions missed without prior cancellation.

Signature (Employee)

(Print name)

Date

**PRIOR TO THE FIRST EAP VISIT, please fax this form to FIRST SUN EAP:
FAX (803) 799-3772**



Exhibit D

Mandatory EAP Management Referral

EMPLOYEE INFORMATION:

Date of Referral: _____

Employee Name: _____

Position: _____

Address: _____

Cell or Home number: _____ Can a message be left on voicemail? Yes / No

Work number: _____ Can a message be left on voicemail? Yes / No

Email: _____

Current Employment Status (e.g., working, suspended, on leave etc.): _____

Deadline employee must call for appointment (within 48 hours of this notice): _____

REFERRING DEPARTMENT MANAGER DETAILS:

1-Supervisor Name: _____

Telephone: _____ Email: _____

2-Department Director Name: _____

Telephone: _____ Email: _____

REASON FOR REFERRAL

Please indicate current workplace problem area(s).

UNPROFESSIONAL BEHAVIOR

- Frequent or intense arguments
- Rude/abrasive behavior
- Threatening or intimidating behavior
- Verbal abusiveness
- Other (please describe under "Comments")

ABSENTEEISM

- Excessive absenteeism
- Frequent unscheduled leave requests
- Frequent general leave or illness on the job
- Excessive lateness/leaves early
- Other (please describe under "Comments")

JOB PERFORMANCE

- Decreased productivity
- Erratic performance
- Excessive absenteeism
- Excessive lateness/early departures
- Frequent illness on the job
- Frequent unscheduled leave requests
- Failure to follow procedures

- Failure to meet schedules/deadlines
- Impaired judgment, memory or ability to concentrate
- Incomplete work
- Increased errors
- Lower quality of work
- Other (please describe under "Comments")

Exhibit D

SAFETY

- Safety violations or accidents
- Self-reported alcohol or other drug use
- Sudden mood swings (tearful, angry)
- Talk of death or suicide
- Other (please describe under "Comments")

COMMENTS RELATING TO CURRENT WORKPLACE ISSUES (Attach related documentation):

DESIRED IMPROVEMENT (What the employee must do to achieve satisfactory performance including period for improvements):

CONSEQUENCES IF IMPROVEMENT IS NOT ACHIEVED:

PREVIOUS STEPS OR DISCIPLINARY ACTION TO ADDRESS THIS ISSUE:

HAS THERE BEEN A PREVIOUS JOB PERFORMANCE REFERRAL TO THE EAP?

- Yes: Date _____ No

Employee Signature: _____ Date: _____

Supervisor/Manager Signature: _____ Date: _____

Human Resources Director Signature: _____ Date: _____

**PRIOR TO THE FIRST EAP VISIT, please fax this form to Risk Manager at FIRST SUN EAP:
FAX (803) 799-3772**



Exhibit E

AUTHORIZATION TO RELEASE/RECEIVE INFORMATION

I, _____, hereby authorize First Sun
(Employee Name)

EAP to release / receive information contained in my case records subject to the conditions below.

1. The name of the person(s), title, organization(s) to whom disclosure is to be made is (list each person):

(Authorized Supervisor or HR Representative - Name and Title)

2. The specific information First Sun EAP is authorized to release / receive is*:

- ✓ Scheduled appointments and attendance
- ✓ Compliance with EAP session treatment recommendations
- ✓ Referral to outside resources to address the problem where appropriate
- ✓ After-care recommendations where appropriate
- o **DOT/SAP:** For referrals that include substance use issues, does the employee fall under the scope of the Federal DOT, and will therefore require a DOT/SAP evaluation?

**(Manager Referrals are not intended to provide Fitness for Duty or Return to Work performance assessments.)*

3. The purpose of the disclosure I am authorizing is:

- ✓ To facilitate a referral to First Sun EAP.
- ✓ To provide feedback regarding my contact and participation with First Sun EAP. This information may include previous contact and participation with First Sun EAP and will terminate automatically one year from the date of the employee signature below.

4. I understand that if the person or agency that receives my information is not a health care provider or health plan covered by the HIPAA privacy regulations, the information described above may be re-disclosed and is no longer protected by these regulations.

5. I understand written notification is necessary to cancel this authorization and can be addressed to the department listed at the top of this form. I am aware that my cancellation will not be effective as to disclosures already made in reference to this authorization. I understand First Sun EAP may not condition treatment on my decision to sign this authorization.

Employee Name
(Please print): _____

Referring Manager
Name (Please print): _____

Signature of
Employee: _____

Signature of
Referring Manager: _____

Date: _____

Date: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

**(WITHOUT SIGNATURE NO INFORMATION WILL BE RELEASED FROM THE CITY'S EAP PROVIDER)
EMPLOYEE MUST CALL 1-800-968-8143 BY SPECIFIED DATE TO MAKE AN APPOINTMENT.**