



## Department of Public Works and Engineering

### Referral to Employee Assistance Program Policy No. 3-18

#### Purpose

To advise supervisors and managers of their responsibility to encourage employees to use the services of the Employee Assistance Program (EAP); and to establish a procedure to make a formal recommendation for employee participation in a program recommended by the Employee Assistance Program.

#### Scope

This policy applies to all Department of Public Works and Engineering employees and supersedes any other former Departmental policy, procedure or directive.

#### Policy

The Department of Public Works and Engineering acknowledges that a wide-range of issues including such problems as financial, marital and family, addictions, health management, etc. may impact job performance. Employees experiencing these or other problems may also experience a reduced level of effectiveness in the performance of their duties. Supervisors and Managers should be alert to changes in an employee's job performance, attendance, and behavior and should encourage employees, on an informal basis, to use the services of the Employee Assistance Program before such problems result in serious performance deficiencies. Such participation in the Employee Assistance Program is strictly voluntary.

In some instances the supervisor may want to formally document the referral of the employee to the Employee Assistance Program using the Department's Employee Assistance Form (Attachment A).

The Referral to EAP form is addressed to the employee and must be signed by the manager. The form provides the employee with two options.

1. If the employee selects Option I (chooses to participate in the program), he or she must sign in the appropriate block and the section manager will make an appointment with Employee Assistance Program personnel for the first (screening) meeting. This first meeting may be conducted during the employee's normal work shift (if possible) and the Department may provide the employee transportation to and from the meeting. Subsequent employee meetings or treatments will be conducted during the employee's "off hours" and employees must make their own

Approved:

*Dale A. Rudick*

Date Approved:

*3/13/17*

Page 1 of 3

All policies are subject to amendment. It is the employee's responsibility to refer to the Department of Public Works and Engineering's intranet site for the official, most recent version. Individuals printing a copy of this policy are responsible for ensuring that revisions to the document have not been issued since it was printed.

transportation arrangements. Managers are encouraged to work with employees to make reasonable modifications in existing work schedules to accommodate the employee's prescribed treatment program.

2. If the employee selects Option II (declines to participate in the program), he or she must indicate so by signing the appropriate signature block.

### **Compliance**

Adherence to the above is mandatory. Any employee who violates this policy may be subject to corrective action.

### **Attachments**

<b>Attachments</b>	<b>Title</b>
A	Employee Assistance Form

### Revision History

Rev.	Revision Date	Modified by	Description
01	03/13/17	DO/MSB	New Format/Simplify Process



**CITY OF HOUSTON  
DEPARTMENT OF PUBLIC WORKS AND ENGINEERING  
REFERRAL TO THE EMPLOYEE ASSISTANCE PROGRAM**

TO NAME: \_\_\_\_\_ FROM: \_\_\_\_\_, Manager

Emp. Number: \_\_\_\_\_ Section

Class.: \_\_\_\_\_

Section: \_\_\_\_\_ DATE: \_\_\_\_\_

Subject: Referral to Employee Assistance Program

On \_\_\_\_\_, the following performance deficiencies were discussed with you:

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The above noted performance deficiencies are of a serious nature and if not corrected could have an adverse effect on your employment with the City of Houston, Department of Public Works and Engineering.

In recognition of your past satisfactory service to the City of Houston, I am offering you the option to seek assistance for your problem. I recommend you take the following action:

- Place yourself in an appropriate program recommended by the Employee Assistance Program (EAP).
- Comply with all requirements of the program.
- Receive the professional care and guidance that will restore you to a productive and responsible employee of the City of Houston.
- Authorize the EAP staff to provide status reports regarding your continued participation and progress in the recommended program.

**CITY OF HOUSTON  
DEPARTMENT OF PUBLIC WORKS AND ENGINEERING  
REFERRAL TO THE EMPLOYEE ASSISTANCE PROGRAM**

page 2

It is my sincere desire that you make every effort to correct your performance deficiencies and restore your status as a productive Public Works and Engineering employee.

\_\_\_\_\_  
Manager

\_\_\_\_\_, Section  
Department of Public Works & Engineering

**OPTION I**

**I AGREE TO ALL OF THE CONDITIONS  
STATED ABOVE.**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

**OPTION II**

**I DECLINE THE OPTION OF PARTICIPATING  
IN THE EMPLOYEE ASSISTANCE PROGRAM.**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date