EMPLOYEE ASSISTANCE PROGRAM
SUBSTANCE ABUSE REFERRAL

The purpose of this form is to provide classified employees the opportunity to utilize the Employee Assistance Program (EAP), to undergo treatment and rehabilitation counseling relating to Substance Abuse.

NOTE: (Applies only if the employee is not dismissed by the appointing authority. Enrollment into the Rehabilitation program does not prevent the appointing authority from dismissing an employee regardless, if this is a "First Offense").

PART A: EMPLOYEE INFORMATION (*To be completed by the Department/Agency DER / EAP Representative)*

Employee's Name: ________________________________ **Social Security Number**: XXX-XX________________

Position Title: _____________________________________ **Date of Birth**: _______________________________

Department: _____________________________________ **Section:** _____________________________________

Immediate Supervisor's Name: _______________________________ **EAP Referral Date:** __________________

PART B: REASON FOR REFERRAL (*To be completed by the Department/Agency EAP Representative)*

Please fill in the sections below that is relevant to this referral. If sufficient space is not available, please attach supplemental documents relevant to the employee.

I. <u>SUBSTANCE ABUSE REFERRAL</u>
VIOLATION OF GOVERNOR'S EXECUTIVE ORDER REGARDING SUBSTANCE ABUSE:

____ Failed drug test

(Chain of Custody Form #:____________________ Medical Review Date: ___________________)

____ Drug/Alcohol related arrest, charged, indicted or convicted for a drug-related offense (Attached Documents)

II. "SAFE HARBOR" REFERRAL

_____"Safe Harbor" Referral Form

III. SELF-ADMISSION REFERRAL

_____ All other Referrals, other than "Safe Harbor"

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PART C: EMPLOYEE AGREEMENT (*To be completed by the Employee*)

IF EMPLOYEE INTENDS TO PARTICIPATE, THIS REFERRAL *CANNOT* BE PROCESSED WITHOUT "YES" INDICATED BELOW AND EMPLOYEE'S SIGNATURE:

I understand that my department/agency is referring me to the Employee Assistance Program (EAP). I also understand that my signature below does not reflect my agreement or disagreement with any of the issues raised. My signature verifies that I have seen this referral and all documentation contained therein.

____ **Yes**, I elect to participate in the Employee Assistance Program (EAP) and any cost of treatment and rehabilitation is to be at my own expense. I shall refrain from illegal use of drugs/abuse or misuse of prescribed medication. Failure to adhere to these terms or the failure to pass any drug test shall be grounds for disciplinary action up to and including dismissal. I understand that if I was referred through the "Safe Harbor" provision, I'm insulated from a disciplinary action. If my referral is not under a "Safe Harbor" exemption, I am aware the department/agency shall issue an adverse action to me, up to and including *dismissal*, pursuant to Rule 11.400 of the Personnel Rules and Regulations. While undergoing treatment, I will not be assigned to safety sensitive duties and responsibilities**.**

____ **No**, I do not elect to participate in the EAP. I understand that I will be issued an **adverse action up to and including *dismissal*,** pursuant to Rule 11.400 of the Personnel Rules and Regulations for failure to comply with the Drug-Free Workplace Program.

______________________________ XXX-XX-____________________

Employee Signature Last 4 digits of SSN#

____

Date

PART D: (*To be completed by the Department/Agency EAP Representative*)

Witnesses:

______________________________ ______________________________

Signature of Agency/Department DFWP EAP Representative DER PRINT NAME

______________________________ ______________________________

Signature of Agency/Department Head Date

Please forward all documents in DUPLICATE to the Department of Administration

PART E: (*To be completed by the DOA – Drug-Free Workplace Coordinator / EAP Administrator*)

	DFWP – EAP STAMP RECEIVED:
______________________________ Signature of DOA DFWP Coordinator / EAP Administrator	

**************************** NOTHING AS FOLLOWS ******************************