

**EMPLOYEE ASSISTANCE PROGRAM PARTICIPATON AGREEMENT**

The Ohio Department of \_\_\_\_\_ and the employee agree to enter into a contract wherein  
(agency)  
the employee voluntarily agrees to seek assistance from a Health Care Provider under the Ohio Employee Assistance Program (Ohio  
E.A.P.), to deal with the problem of \_\_\_\_\_  
( work rule violation )

The employee agrees to participate in a plan for a period of \_\_\_\_\_ days (minimum of 180 days, maximum of 730 days). Said plan will  
be developed by the Health Care Provider. The employee agrees to meet all of the requirements set forth in that plan. The employee  
also agrees to verification as to whether or not the employee is keeping scheduled appointments and is in compliance with the agreed to  
plan. Said verification will be made by the EAP Case Monitor assigned in accordance with the employee's health plan contract.

A Participation Outline, including the lengths of the various aspects of service and the frequency of appointments or treatment sessions,  
shall be submitted to the Ohio Employee Assistance Program as soon as possible, but not later than thirty (30) days from the date of  
signing.

If the agency is unable to secure information from the EAP Case Monitor, it shall be the employee's responsibility to provide the  
employer representative with such information.

The employee further agrees to participate in follow-up care as recommended and/or required by the Health Care Provider, and agrees  
that such follow-up care is to be verified to \_\_\_\_\_ by the EAP Case Monitor.  
(agency)

\_\_\_\_\_ agrees that, so long as this contract is complied with in its entirety, the discipline  
(agency)

\_\_\_\_\_ ( indicate level of discipline )  
recommended for this employee pursuant to the letter dated \_\_\_\_\_ shall be held in abeyance. Should the  
employee violate this contract, in any part, the recommended disciplinary procedure will be implemented.

The employee understands and agrees that further occurrences of the problem described in paragraph 1, may result in the immediate  
implementation of the proposed discipline.

By signing this agreement, the employee and Union agree to waive any contractual time restrictions regarding the imposition of  
discipline.

The employee by signing this contract acknowledges that s/he has received a copy of this contract, and has been fully informed of the  
terms and consequences of it, and hereby voluntarily enters into said contract after having been advised by his/her representative, if  
applicable.

\_\_\_\_\_ further agrees that if the employee successfully completes the agreed to plan as  
(agency)

certified by the Ohio E.A.P. or its designee, \_\_\_\_\_ will review the proposed discipline and  
(agency)  
seriously consider modification of the discipline imposed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Appointing Authority or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Union Representative (Optional)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date