

Ohio Employee Assistance Program (OEAP) Participation Agreement

OEAP Participation Agreement for: _____

Employee Name (Last, First)

Name of Agency / Institution

PARTICIPATION AGREEMENT KEY
PARTICIPATION AGREEMENT is THIS AGREEMENT
I / YOU / YOUR = Employee Name

Upon completion of this form, please email the form to OEAP@das.ohio.gov or fax the Participation Agreement to the OEAP office at: 614-728-3046.

The **Ohio Employee Assistance Program (OEAP) PARTICIPATION AGREEMENT** is an agreement between a State of Ohio employee and his or her state agency that seeks to remediate a work rule violation by allowing the employee to complete an assistance program that is designed to treat a contributing personal problem. The Agreement may be in effect for a **minimum duration of 180 calendar days up to a maximum of 730 calendar days**. The PARTICIPATION AGREEMENT serves as documentation that the employee agrees to participate in a recognized program of treatment through an OEAP referral. A treatment plan is developed by the health care provider.

1. I agree to seek treatment from a health care provider under the OEAP PARTICIPATION AGREEMENT program for a period of:
_____ day(s) to deal with the violation of: _____
(State specific rule violation here)
2. I agree to contact your assigned OEAP Consultant after the first session with your health care provider to provide information that you attended the initial session and the dates of any follow-up sessions.
3. I agree to maintain weekly telephone contact with your OEAP Consultant during your participation in the PARTICIPATION AGREEMENT process until otherwise notified.
4. I agree to refrain from further violation of the same work rules and agree **not** to commit the same or similar infraction(s) which led to this PARTICIPATION AGREEMENT.
5. The agency will hold the proposed discipline in abeyance pending successful completion of all of the conditions in this PARTICIPATION AGREEMENT except in the case of a positive alcohol/drug test result. The proposed discipline is:

(Describe the details of the of discipline here – attached a separate sheet if necessary)
 See attached discipline document for description.

The parties agree that timelines for discipline, if any, are waived while this PARTICIPATION AGREEMENT is in effect. Violation of this PARTICIPATION AGREEMENT may result in immediate implementation of the proposed discipline.

6. In the case of a positive alcohol/drug test result, YOU agree to execute a Last Chance Agreement in conformance with the terms of the Collective Bargaining Agreement and applicable law. YOU further agree to attend and complete a substance abuse program certified by the Department of Mental Health and Addiction Services, or a licensed Substance Abuse/Chemical Dependency provider approved by the OEAP program. Violation of the terms of the Last Chance Agreement will result in termination.
7. Upon successful completion of the PARTICIPATION AGREEMENT, the agency may do the following:
 Dismiss the pending discipline;
 Reduce the discipline to _____ (state level);
 Recommend leniency to the appointing authority at the time of PARTICIPATION AGREEMENT completion providing job performance is satisfactory;
It is understood that this recommendation likely will result in a reduced or dismissed discipline though not in every case; and
 In the case of an alcohol/drug positive test result, honor the terms of your Last Chance Agreement.

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8. **UNIVERSAL CONSENT FOR RELEASE OF INFORMATION:** By signing this document, I agree to give all necessary consent, including authorization for release of information necessary to execute this PARTICIPATION AGREEMENT, for the duration of the PARTICIPATION AGREEMENT. My consent is limited to the following:
- a) Notifying the agency regarding your compliance or non-compliance with the PARTICIPATION AGREEMENT and general progress;
 - b) Providing information from your health care provider to OEAP to include: diagnosis, prognosis, plan of treatment, treatment compliance and attendance at scheduled appointments; and
 - c) In the case of alcohol/drug test results, authorizing the agency and OEAP to receive information from the Ohio Department of Administrative Services; Office of Drug Free Workplace and to correspond with them regarding alcohol/drug test results. This will be necessary to monitor your participation and compliance with the terms of your PARTICIPATION AGREEMENT and Last Chance Agreement.

9. **RELEASE OF INFORMATION TO EMPLOYER REPRESENTATIVE:** I authorize the following employer representative(s) to receive notice of my compliance or non-compliance with my PARTICIPATION AGREEMENT.

Primary Contact _____ Phone # _____
First Name Last Name Initials

Secondary Contact _____ Phone # _____
First Name Last Name Initials

10. **OPTIONAL RELEASE OF INFORMATION TO UNION REPRESENTATIVE:** I authorize my Union representative, _____, to receive notice of my compliance or non-compliance with my PARTICIPATION AGREEMENT. _____ Initials
First Name Last Name

11. **CONFIDENTIALITY:** OEAP will NOT disclose information YOU provide unless you have authorized or consented to do so. YOUR confidentiality is waived in cases of: medical emergencies suspected or reported abuse or neglect of a child or person aged 60 or older, serious threat of harm, injury or death to self or others, and information concerning compliance when ordered by a court of competent jurisdiction, or as part of your arbitration or legal proceedings.

The full Employee Confidentiality Notice can be accessed via the OEAP website at: ohio.gov/eap.

I have carefully reviewed this agreement and knowingly and voluntarily enter into this PARTICIPATION AGREEMENT, and hereby give consent and authorization for the release of information as indicated in this PARTICIPATION AGREEMENT.

Signature Print Name of Employee Date

Signature Print Name of HR designee duly authorized Date

Signature Print Name of Union designee duly authorized Date

Completion Instructions

- Print and ensure that all parties sign, and date the form.
- Scan and send the form via email to OEAP@das.ohio.gov or fax it to the OEAP Office at 614-728-3046.