

# OEAP PARTICIPATION AGREEMENT (PA) EMPLOYEE ROLE AND RESPONSIBILITIES

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1. Agree to participate in a recognized program of treatment developed by a treatment provider to address a personal problem(s) affecting job performance. This includes keeping all appointments and following treatment recommendations.
2. Read the Employee Confidentiality Notice and the Participation Agreement.
3. Sign the OEAP Participation Agreement and this document.
4. Contact the OEAP at (614) 644-8545 or 1-800-221-6327 on the same day the Participation Agreement is signed in order to be referred for services.
5. Call the treatment provider to schedule an appointment, and notify OEAP as directed.
6. Provide the treatment provider with the following information:
  - a) cover letter
  - b) Release of Information form
  - c) Participation Outline form

These forms **must** be completed by the treatment provider (Release of Information form signed by employee). The treatment provider must send the forms directly to OEAP via fax at: 614.728.3046 or email to: [OEAP@das.ohio.gov](mailto:OEAP@das.ohio.gov).

7. Call and inform the OEAP Case Consultant after having attended the first session.
8. Refrain from further work rule violations as defined in the agreement and to comply with the terms of the Agreement for the duration of the Participation Agreement.
9. Maintain weekly contact with the OEAP Case Consultant until otherwise notified.
10. Contact OEAP, if you have any questions about the Participation Agreement process, treatment provider form or scheduling an appointment with the treatment provider.
11. Please sign this document and provide to management. This document must be attached to the signed Participation Agreement.

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Employee Signature (required)

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Date