

CITY OF LITTLE ROCK

HUMAN RESOURCES DEPARTMENT

500 W. Markham - Suite 130W - Little Rock, Arkansas 72201-1428

(501) 371-4590 λ FAX (501) 371-4496

DATE:		DEPARTMENT:	
EMPLOYEE:		PHONE NUMBER:	() -
SUPERVISOR:		PHONE NUMBER:	() -
SUBJECT:	CONFIDENTIAL EMPLOYEE ASSISTANCE PROGRAM MANDATED REFERRAL		

This is a formal mandate to the Southwest Employee Assistance Program. This is a confidential program, the only information received by the city will be: (1) you kept the appointment and (2) that you are following a plan for resolution of the work related issue(s). I will not receive any information about the problem area or what you are doing to resolve the situation. This mandate is in response to the noted concern(s) below:

FAILED DRUG/ALCOHOL TESTING		
	ALCOHOL	DRUG
CDL		
NON-CDL		
WORK PERFORMANCE / ISSUES		
1.		
2.		
3.		

(Referring Manager - Please Check One)

This action is taken as a preventive measure; it is not a disciplinary action.

This action is in conjunction with a disciplinary action and to avoid more severe disciplinary action.

You are hereby mandated to contact the Employee Assistance Program (EAP) no later than 3:00 p.m.

On _____ and comply with their recommendations.

(Date)

If this problem continues or other infractions/incidents occur, you will be subject to further action up to and including termination of employment.

EAP can be reached at 663-1797 or 1-800-777-1747. Their office is located in the Plaza West Building, Suite 520, at 415 North McKinley, Little Rock, Arkansas.

If you are in an active pay status (i.e., not serving a suspension or on unpaid leave), you may attend the first session with EAP with no leave charge or time loss, if that session is scheduled no later than one week from the date of this notice.

I have read and understand the information stated above. I understand that EAP will report attendance compliance to Human Resources and my supervisor. I also understand that failure to contact EAP and follow their recommendations will result in disciplinary action up to and including termination of employment.

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

EMAIL TO HUMAN RESOURCES- BENEFITS & RISK DIVISION: (SEPARATE FROM ANY DISCIPLINARY ACTION)

TO: KDIXON@LITTLE ROCK.GOV & CC: JBRADFORD@LITTLE ROCK.GOV

CC: Department Director