



CITY OF KINSTON

Personnel Policy

Subject: Employee Assistance Program (EAP)	Section: Employee Health Services		Review Responsibility: Director of Human Resources		
	Policy #:: 2	Effective Date: July 13, 2018	Rev. #: 2	Revision Date: July 10, 2018	Page: 1 of 6
	Supersedes: 10/31/1997	Prepared By: Gloria Blake <i>Gloria Blake</i>		Approved By: Tony Sears <i>Tony Sears</i>	

1.0 Purpose

To retain valued employees, to restore productivity through early identification of personal problems, and to motivate employees to seek help with life management problems, the City of Kinston makes available to employees and their dependents a confidential off-site counseling and referral service through the Employee Assistance Program, hereafter called the EAP. The program's professionally trained personnel can assess the employee's problem, provide short-term counseling and/or referral, and provide follow-up services as appropriate.

2.0 Organizations Affected

2.1 All City employees working in all departments.

3.0 Policy

The City of Kinston recognizes that a wide range of personal problems not necessarily directly associated with one's job can interfere with an employee's health or performance. The City believes it is in the interest of the employee, the employee's family and the City to offer an EAP to help the employee deal with such problems under strict confidentiality. The City of Kinston offers an EAP to assist non-probationary full and part-time regular employees. Employees who may be given an EAP referral can include, but are not limited to, those who may have persistent job performance problems (such as frequent absenteeism, tardiness, abuse of sick leave, frequent accidents, reduction in quality and quantity of work) in order to professionally assess whether these problems can be attributed to medical reasons or personal and/or emotional problems. Nothing herein shall be construed as guaranteeing an employee EAP assistance as a pre-requisite to employee discipline, up to and including dismissal.

This program offers confidential consultation, guidance and referral to appropriate community resources for treatment and rehabilitation through the EAP Administrator, other community resources, and the City's Employee Health Service. The EAP Administrator shall provide professional services along with other community agencies. Referrals shall be made either through the Employee Health Service or by the employee directly. The EAP Administrator shall provide education and training for all supervisors and other employees in the utilization of the program and its services.

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4.0 Definitions:

- 4.1 EAP: The Employee Assistance Program (EAP) is a confidential guidance and professional treatment referral service for employees and their dependents to address problems which may adversely affect job performance or personal well-being. The program is designed to provide early identification of problems, promote motivation to take steps to resolve the problem, and referral to appropriate resources for further assistance, treatment and rehabilitation as indicated. It also assists in the employee's return to satisfactory job performance, if appropriate, after assessment, treatment and/or rehabilitation.
- 4.2 Assessment: This is an evaluation performed by the EAP Administrator (counselor) of job performance and/or personal conduct problems to determine if there is a treatable condition causing the job performance and/or personal conduct problem(s). This will allow the employee and the City to be professionally informed if there is a means of treating and rehabilitating the employee with the problem to an acceptable job performance level. The assessment of job performance and certain personal conduct issues shall be recommended for all employees exhibiting these types of problems, and may be mandatory. Whenever possible, the assessment is arranged during working hours, is usually a one-time evaluation, and paid by the City. Court ordered assessments for DWI must be paid by the employee. The EAP Administrator (counselor) will advise the City about the employee's ability to be treated and rehabilitated, but will not share any specific personal information not directly related to job performance issues.
- A. Job Performance Assessments: Assessments for job performance issues (cumulative problems such as frequent absenteeism, tardiness, abuse of sick leave, frequent accidents, and reduction in quality or quantity of work) are recommended at the second written warning stage of the disciplinary action. Voluntary EAP assessment may be recommended at any point in the disciplinary action procedure prior to the second written warning. Failure to comply with the assessment at the second written warning stage will result in ultimate termination for the identified job deficiencies if not corrected. EAP referrals shall not be in lieu of any disciplinary action, up to and including dismissal.
- B. Personal Conduct Assessments: Reporting to work under the influence of alcohol and/or drugs, refusing to submit to alcohol and drug testing as a result of reasonable suspicion, and other personal conduct issues for which disciplinary action may be taken are grounds for a mandatory EAP assessment. Failure to comply with the mandatory assessment will result in termination for the identified personal conduct issue(s) and non-compliance with the policy. Nothing herein shall be construed to require an EAP referral in lieu of or as a pre-condition to any disciplinary action, up to and including dismissal.

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- 4.3 Treatment/Rehabilitation: This is a medically supervised, voluntary program to help employees with problems that may respond to treatment and to assist in rehabilitating the underlying problem causing the job deficiencies and to ultimately restore the individual to a level of acceptable job performance. Participation in treatment and rehabilitation is voluntary, just as any other medical treatment, and is accomplished during non-working hours at the employee's expense. An employee may request the City allow him or her an opportunity to participate in treatment and rehabilitation in an effort to improve job performance in lieu of termination. The City reserves the right to accept or reject this request in considering continued employment. Participation, completion, and compliance with the recommended treatment will not prevent termination if job performance fails to improve to an acceptable level.

5.0 Referrals

Employees and/or their dependents may refer themselves to the EAP for evaluation of their problem, treatment, or treatment referral. The supervisor may recommend the EAP to an employee due to the employee's declining performance, attendance, conduct, safety standards, or other legitimate reason.

- 5.1 Self-Referral - the employee may voluntarily seek assistance by calling the EAP Administrator directly or by contacting the City Employee Health Nurse. All communications between the EAP Administrator or the EAP Coordinator/Employee Health Nurse will be held in strictest confidence, unless the employee gives written release that others in the City be notified or in otherwise exigent circumstances. The employee may call the Employee Health Nurse at 939-3373 or 939-3372.
- 5.2 Supervisor Referral - upon observing and documenting deteriorating work performance or personal conduct issues, a supervisor may recommend EAP to an employee at any time, including during the normal disciplinary action warning stages. The supervisor shall clearly identify the referral as a supervisory recommendation, as distinguished from a mandatory referral. The basis for such recommendation may be either declining job performance on the part of the employee, such as increased absences, abuse of sick leave, mood swings or behavior changes or upon receiving evidence of a personal conduct issue indicating the presence of a possible problem. Acceptance of the EAP recommendation is voluntary and the employee's choice and decision, but job performance must improve, or normal and planned disciplinary action will result. The EAP Coordinator/ Employee Health Nurse, shall be contacted in all EAP recommendations for job performance and personal conduct issues.
- 5.3 Mandatory Referrals: Appointments for mandatory assessments will be scheduled during working hours and the employee will be paid normal wages for reasonable time away from the job for assessment. Mandatory referrals may be made by supervisors or other authorized city personnel for either work performance or personal conduct issues, and shall be clearly designated as a mandatory referral. Refusal to comply with a mandatory assessment is grounds for immediate

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termination. Assessments shall be requested through the Human Resources department by the supervisor in the absence of the Employee Health Nurse. Human Resources will arrange an appointment for the assessment with the EAP Administrator and send notice to the Employee Health Nurse.

- 5.4 Employees undergoing assessment for job-performance and personal conduct issues will be required to provide the Employee Health Nurse/EAP Coordinator and/or the supervisor with return to work documentation from the EAP Administrator after being assessed and before returning to work.
 - 5.5 If voluntary treatment is accepted, employees shall schedule treatment before and after work, during lunch, and at night, just as any other medical treatment is arranged. Employees must have supervisory approval to use available leave to go to the EAP for treatment during working hours and must arrange for this prior to their appointment, unless there is an emergency.
 - 5.6 Employees with severe problems may use sick leave for treatment and rehabilitation while involved in voluntary EAP treatment on the same basis as with other health problems. Sick leave, vacation leave and FMLA leave during these periods of absence shall be administered and requested on the same basis as for other health problems.
- 6.0 **Driving Positions:** Any employee whose job requires a valid operator's license charged or convicted of a violation for driving while impaired while on or off duty, resulting in a revocation of such license, must report this action to their supervisor immediately. Employees operating City vehicles are subject to the provisions of the Licensing Requirements for Operation of Motor Vehicles Policy (Refer to 6.4 and 6.5). In the event the employee is retained, the employee shall provide the City with documentation within six months or at the successful completion or termination of a voluntary rehabilitation program, whichever is less. Under DOT laws, an employee may not resume CDL functions without provision of the rehabilitation documentation. An employee may utilize the City's EAP, Mental Health or other approved facility for this treatment on a voluntary basis. Nothing in this section shall be construed to obligate the City to retain any employee charged or convicted of driving while impaired.
- 7.0 Any employee convicted of an off the job drug or alcohol-related offense which could directly or indirectly affect their credibility or ability to carry out effectively the duties and responsibilities of their position with the City of Kinston will be subject to disciplinary action up to and including dismissal. (Refer to 4.3 of Disciplinary Action Policy and 4.2.1 of Alcohol and Substance Abuse/Drug-Free Workplace Policy).
- 8.0 **Drug and Alcohol Testing:** All employees agreeing to a mandatory assessment for job performance and/or personal conduct issues shall be subject to alcohol and drug testing at the time of the assessment. The City shall have the right to require unannounced alcohol and drug screen testing of employees voluntarily participating in the EAP for job performance deficiencies and/or personal conduct issues for a period of time deemed appropriate by the City and the Substance Abuse Professional or as required under CDL

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regulations. (Reference 4.4 and 6.1 of Alcohol and Substance Abuse/Drug-Free Workplace Policy).

- 9.0 Cost, Privacy, and Training: The City has funded the EAP with the designated City EAP provider, and the employee and family members may each make up to three (3) free assessment visits/year/problem for out-patient treatment of short-term problems provided, however, if after the initial visit it is determined by the EAP Administrator that the problem will require more than three (3) to five (5) visits to resolve, the full cost of treatment shall be filed under the City's Health Insurance Plan for covered individuals. This plan pays partial treatment cost and employees are responsible for paying the remaining costs and any other additional expenses related to follow-up and treatment.
- 10.0 To preserve the employee's right to privacy, records and documentation of discussions regarding the nature of personal problems shall be confidential, as are other medical records. These records shall be kept separate from the employee's personnel files, and as a part of confidential medical records. Documentation of the employee's request for voluntary participation in the EAP and the City's agreement or decline of the request shall be placed in the Human Resources Department file along with the Report of Disciplinary Action. All discussions with the Employee Health Nurse/EAP Coordinator and/or the EAP Administrator will be kept confidential in the employee's medical record in the Employee Health Clinic.
- 11.0 The EAP Administrator will not discuss the employee's personal problems except as required or permitted by law without the express written consent of the employee, or in exigent circumstances. If the EAP Administrator believes the City of Kinston or another person or property is at risk of harm, or it appears an illegal act or threat has been committed, the EAP Administrator may disclose such information to prevent harm to the City or others as permitted by law.
- 12.0 The EAP Administrator will provide training for supervisors to enable them to recognize patterns of job performance deterioration. Training and education will be conducted for all employees periodically and at new employee orientation explaining the EAP and how to receive voluntary assistance for job performance and personal conduct issues and self-referrals for their family members.
- 13.0 A supervisor who knowingly tolerates, ignores and/or fails to make the required referral to Employee Health for the mandated EAP assessment or to document information or behavior related to job performance or personal conduct issues, such as but not limited to alcohol or substance abuse by an employee, will be disciplined up to and including dismissal in accordance with the City's Disciplinary Policy.
- 14.0 Appendix:
 - 14.1 EAP Guidelines- Appendix A
 - 14.2 "A Supervisor's Guide to EAP"- Appendix B

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14.3 Employee's Statement for Mandatory EAP Assessment and Alcohol and Drug Screening- Appendix C

14.4 Employee's Statement for EAP Referral- Appendix D



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Appendix A

Employee Assistance Program (EAP) Guidelines

The following guidelines are to assist supervisors and employees with behaviors that could require/request a referral into the Employee Assistance Program provided by the City of Kinston.

Signs of Deteriorating Job Performance:

- Absent or Tardy
- Excessive Time Off - Excessive use of sick leave
- Repeated unscheduled absences or tardiness (e.g. Mondays/Fridays; before or after holidays; leaves work early for a variety of reasons; leaves work area more than necessary)

Quality and Quantity of Work:

- Alternative periods of high and low work performance; Making more mistakes than usual; Making poor judgments or decisions; Missing deadlines
- Wasting materials used on the job
- Slow at starting and completing tasks assigned

Attitudes and Mood:

- Periods of high, then low morale, followed by moodiness, depression or angry outbursts
- Overreacts to criticism
- Avoids talking with supervisors or co-workers regarding work issues
- Difficulty in remembering directions or details or difficulty in dealing with complex tasks
- Work requiring more time and effort than usual
- Mood changes after lunch or breaks

Relationships with Fellow Employees

- Complaints from co-workers
- More intolerant, resentful of fellow employees
- Complaints from outside sources - the public, other agencies
- Begins to withdraw from and avoid fellow employees

Physical Appearance

- Deterioration of personal appearance/personal hygiene
- Increased nervousness and shakiness, changes in appearance after lunch or break
- Increase in accidents on and off the job that interfere with job performance

General

- Any Action or behavior that reflects discredit upon the City, poor traffic safety record, drug and/or alcohol related arrests for DWI or other criminal behavior.



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Appendix B

A Supervisor's Guide to Employee Assistance Program (EAP)

Problems seldom develop suddenly but begin to manifest themselves in many ways, such as absenteeism, the inability to concentrate, carelessness in appearance, loss of attention to job, and conflicts with associates. Early recognition of performance problems by supervisors is essential to the effectiveness of the City's operation.

1. The supervisor's responsibility is to assess job performance and, when appropriate, encourage employees to seek assistance from the EAP. If unexplainable deterioration of job performance occurs, documentation should be made. Record specific times, dates, and circumstances surrounding each instance of unsatisfactory job performance, absence, tardiness, frequent accidents, etc. Advise the employee of the concern with his/her performance, suggest EAP and explain how to take advantage of the program voluntarily.
2. If problems persist and continue to build into a pattern of poor performance, review the specifics (as documented) with the employee, issue the employee a written warning and discuss the specific areas where improvements are. Obtain a commitment from the employee that improvements shall be made within a prescribed time period and review the situation at that future prescribed time with the employee. Remind the employee of the availability of the EAP, and strongly urge participation.
3. If job performance continues to decline, require an assessment to the EAP through an interview at the second written warning stage. Make an appointment with the employee, ensuring the interview will be completely private and without interruption. Concentrate solely on declining job performance. Do not concentrate on the nature of the employee's personal/medical problem. Have on hand your documentation and rely on this when citing examples of poor performance. Point out what are acceptable performance expectations. Inform the employee of the EAP assessment, the strictly confidential nature of the program and that acceptance of the assessment shall in no way jeopardize job security, reputation, or advancement opportunity. Emphasize to the employee the alternative to accepting the assessment and continued poor performance will result in disciplinary action up to and including dismissal. Present the employee with the second written warning which informs the employee that failure to correct poor performance or behavior will result in dismissal.
4. An appointment is made with the Employee Health Nurse/ EAP Coordinator as soon as possible after the issue of the second written warning, preferably the same day. The employee will be asked to submit to alcohol and drug testing and to sign a statement agreeing

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or rejecting the mandatory EAP assessment at the time they are evaluated by the Employee Health Nurse. The employee will be informed that communication with the Employee Health Nurse and the EAP Administrator will be confidential, but that the supervisor shall be advised of the acceptance or rejection of the EAP assessment.

5. The EAP is explained and the employee is allowed (but not required) to discuss the problem with the Employee Health Nurse. The Employee Health Nurse shall maintain a file of community resources and professionals qualified to assist with the employee's specific problems. Assessment appointments shall be made with the EAP Administrator or other professionals as soon as possible as indicated. The Employee Health Nurse shall assure the employee of the confidentiality of all disciplines involved in the assessment, explaining that reporting from other agencies, including the EAP Administrator shall only include verification of participation and work status ability, not particular details of the problem and treatment. If the mandatory assessment is accepted, the supervisor, Department and Division Heads, the HRD Director, and the Employee Health Nurse will be advised of the EAP Administrator's findings and recommendations as they relate to job performance. The employee shall provide the Employee Health Nurse with documentation from the EAP Administrator after being assessed and before returning to work. If performance does not improve within the specified time period, as decided at the time of the initial assessment, then normal disciplinary action will be taken.
6. If the employee chooses to voluntarily participate in a treatment/rehabilitation program, the employee shall provide documentation upon successful completion or termination of the rehabilitation, whichever is less. The employee will be subject to random alcohol and drug screening tests for a period of time deemed appropriate by the City and the Substance Abuse Professional or as required under CDL regulations. The employee is expected to follow the EAP Administrator's recommendations and to meet the standards for improved job performance as specified by the supervisor. Voluntary participation in treatment, without job performance improvement, will result in disciplinary action for unsatisfactory job performance up to and including dismissal.
7. If at the time the EAP assessment is requested, the employee rejects the assessment and/or refuses alcohol and drug testing, the supervisor shall continue to document performance, and note on the Report of Disciplinary Action that an EAP assessment and drug and alcohol screening was requested and rejected. Normal procedures for unsatisfactory job performance shall then follow in accordance with the City's "Disciplinary Action, Suspension, Dismissal" policy.



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Appendix C

Employee Statement for Mandatory EAP Assessment and Alcohol/Drug Screening

1. I acknowledge that I have violated the City's policies governing job performance and/or personal conduct. I further understand and accept that my violation of these policies constitutes misconduct and/or unacceptable performance in the course of my employment which is sufficient grounds for termination of my employment.
2. I understand and agree that a mandatory EAP assessment and drug and alcohol testing are required as a result of my behavior and as one step in determining the administrative or disciplinary action to be taken. I understand agreement to the assessment is not a guarantee of continued employment, but a tool to assist management in their decision concerning employment action. Other considerations include my overall work history, my past job performance, probationary status, any criminal convictions related to substance abuse, attendance and use of leave time, length of employment, previous EAP opportunities, and my willingness to voluntarily participate in any prescribed program of rehabilitation.
3. I understand if I continue active employment or return to active employment, I must meet all established standards of conduct and job performance as required of any other employee. I have no expectations to be relieved of satisfactory performance or standard of conduct requirements.

By my signature below, I agree to alcohol and drug testing and to attend an EAP assessment by the City's designated EAP counselor and to release the results of the assessment as it relates to my work performance and the results of the drug and alcohol screen to the Employee Health Nurse and the Human Resources Director, my department head and supervisor, to be used in evaluating my suitability for continued employment. I have read or had read to me the above statement and the referenced policies and understand and agree to these terms and conditions.

Employee Name: _____ Dept./Div.: _____
(Print)

Signed: _____ Date: _____

Witnessed: _____ Date: _____

By my signature below, I refuse to attend an EAP assessment by the City's designated EAP counselor and/or refuse to consent to alcohol and drug testing. I understand refusal to attend the mandatory EAP assessment and/or refusal to drug and alcohol testing is grounds for immediate termination for job performance and/or personal conduct issues as described in the Disciplinary Action against me. I have read or had read to me the above statement and the referenced policies and understand and agree to these terms and conditions.

Employee Name: _____ Dept./Div.: _____
(Print)

Signed: _____ Date: _____

Witnessed: _____ Date: _____



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Appendix D

Employee's Statement for EAP Referral

Acceptance of Referral

I accept referral to the Employee Assistance Program and agree to comply with the recommended plan of treatment as provided by the treating facility. I understand this is to include any necessary follow-up visits and I will be financially responsible for the cost of any treatment not covered by my insurance.

In accordance with the Employee Assistance Program Policy, I understand and agree failure to comply with the recommended plan of treatment or other conditions of this agreement may result in my dismissal from employment with the City of Kinston. I also understand participation in the EAP does not release me from normal disciplinary action, including dismissal, for personal or job performance violations or deficiencies as mandated by City policy. I have read or had read to me the above statement and the referenced EAP policy and understand and agree to these terms.

Employee Name: _____ Date: _____
(print)

Employee Signature: _____

Witness: _____ Date: _____

Rejection of Referral

I decline the referral to the Employee Assistance Program and understand in rejecting the offer of the EAP, I will be subject to normal disciplinary procedures for poor job performance, up to and including dismissal from employment with the City of Kinston. I have been offered the option of participating in the EAP by my supervisor and understand refusal may result in my dismissal from employment with the City of Kinston. I have read or had read to me the above statement and the referenced EAP policy and understand and agree to these terms.

Employee Name: _____ Date: _____
(print)

Employee Signature: _____

Witness: _____ Date: _____

(office use)

Human Resources Director _____ Date: _____