



# CITY OF KINSTON

## Personnel Policy

Subject:  Alcohol and Substance Abuse/Drug Free Workplace Appendix B	Section: Employee Health Services		Review Responsibility: Director of Human Resources		
	Policy #:: 1	Effective Date: 2/17/2017	Rev. #: 6	Revision Date: 2/15/2017	Page: 1 of 1
	Supersedes: 5/1/2004		Prepared By: Gloria Blake <i>Gloria Blake</i>		Approved By: Tony Sears <i>Tony Sears</i>

### Appendix B

### Release of Information Form for Employee Assistance Program Authorization

Under the authority of the City of Kinston's Alcohol and Substance Abuse/Drug Free Workplace policy, you have tested positive for one of the listed illegal drugs/marijuana or alcohol and have been ordered or requested assistance/participation in the City's Employee Assistance Program (EAP).

By signing this authorization form, you give permission for the Human Resources Director to schedule an initial appointment with the EAP consultant and to allow the EAP consultant to inform the Human Resources Director of the following:

- Employee reported for initial session
- Employee engaged in the treatment program
- Employee successfully completed the recommended course of treatment

Accepting assistance for a drug or alcohol addiction is a major step in healing. In support of this step the City will grant leave as reasonable to participate in the EAP education and treatment program. Employees may use accumulated sick and vacation leave or leave without pay.

Upon successful completion of the EAP treatment the Human Resources Director and City Manager shall consider a course of action for returning the employee to work. The employee shall be subject to after care testing during a twelve month period following return.

I consent and request to be allowed the opportunity to attend an educational and treatment program offered by the City of Kinston's Employee Assistance Program. I have read or had read to me the above information and agree to these terms and conditions.

Employee Signature	Date	Social Security Number
Human Resource Director	Date	
Employee Assistance Consultant	Date	

Copies- Employee  
Human Resources Director/ Employee Assistance Consultant

Handwritten text, possibly a signature or initials.