

Date \_\_\_\_\_

# Alternatives

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## Return-to-Work Agreement for \_\_\_\_\_

I, \_\_\_\_\_, fully understand and agree to the terms of participation in the LIFELINE Employee Assistance Program (EAP) as part of my return-to-work agreement. My involvement with the program will include but not be limited to the following.

1. I will follow the treatment plan recommendations as agreed upon with EAP counselor \_\_\_\_\_
2. I have voluntarily signed a release of information form allowing my employer to receive information from EAP regarding continuing care recommendations and compliance. I agree that my employer will monitor compliance by receiving updates from EAP regarding compliance with continuing care recommendations. \_\_\_\_\_
3. I agree to attend monthly face-to-face care support and monitoring sessions at the LIFELINE employee assistance program for the next \_\_\_\_\_ months.
4. I understand the responsibilities of my position and am capable of meeting those responsibilities. Regarding my performance at work, I understand that I must satisfactorily meet the expectations and standards of my employment. I understand that the Agency may designate a special evaluation rating period to monitor my work performance.
5. I understand that the LIFELINE support program will last for \_\_\_\_\_ months and, if at anytime I am not compliant, that the Agency's appointing authority may propose disciplinary action up to and including termination of employment.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

EAP Signature \_\_\_\_\_ Date \_\_\_\_\_

Agency Signature \_\_\_\_\_ Date \_\_\_\_\_