

EMPLOYEE ASSISTANCE PROGRAM REPORT

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS

Institution _____	Total # of Employees at Institution _____
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Check one:  Mid-Year (10/1/ \_\_\_\_\_ Thru 3/31/ \_\_\_\_\_)  Annual (10/1/ \_\_\_\_\_ Thru 9/30/ \_\_\_\_\_)

EAP Coordinator (Name) _____	#EAP Counselors (Including EAP Coordinator) _____	#EAP Counselors with: Doctorate _____ Masters _____ Alcohol/Drug Certification _____
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For each EAP Counselor, list current salary and % of work time during this reporting period spent performing EAP-Related duties:

Coordinator:	Salary _____	% of Time _____
Counselor 1:	_____	_____
Counselor 2:	_____	_____
Counselor 3:	_____	_____
Counselor 4:	_____	_____

Do you have an outside EAP Contract?  yes;  no. If yes, contractor \_\_\_\_\_ . Annual cost \_\_\_\_\_

Total # of employees covered under this contract \_\_\_\_\_

(\*\*PLEASE ATTACH MID-YEAR OR ANNUAL REPORT FROM CONTRACTOR\*\*)

Please list all training/courses offered to supervisors/managers during this reporting period:

	Course Title	#of Trainees	Course Duration (Hours)
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please list the ways in which you advertise and promote your employee assistance program

EAP CONTACT INFORMATION  
(Do not include contacts by contract EAP provider)

	Alcohol	Other Drugs	Emotional/Other
A) Total # of new/reopened employee (**Employees only**)	_____	_____	_____
<u>Referral Source</u>			
1) #of	_____	_____	_____
2) #of	_____	_____	_____
<u>Outcomes</u>			
3)	_____	_____	_____
4) #Not	_____	_____	_____
5) #For Whom "Too soon to	_____	_____	_____
B) Total # of new/reopened family (**Family, non-employee only**)	_____	_____	_____
C) # of employees referred as a result of drug testing _____			

(\*\*NOTE: 1 + 2 = A AND 3 + 4 + 5 = A; "HELPED" = RESTORATION OF JOB PERFORMANCE)