### EAP STAFF DEVELOPMENT OPPORTUNITIES

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>E-mail</th>
<th>Department</th>
<th>Phone Number</th>
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<thead>
<tr>
<th>Number of Attendees</th>
<th>Training Location</th>
<th>Projector/Laptop Availability</th>
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Select the type(s) of training(s) you are requesting. Each class is for one hour.

- [ ] Alcohol and Substance Abuse
- [ ] Anger Management
- [ ] Preventing Workplace Violence
- [ ] Stress Management Strategies
- [ ] EAP Essentials
- [ ] Assertiveness In the Workplace
- [ ] Defining Acceptable Workplace Behavior
- [ ] Dealing with Difficult Personalities
- [ ] Understanding Signs and Symptoms of Suicide
- [ ] Work Life Balance
- [ ] Conflict as an Opportunity
- [ ] Understanding Mental Health and Mental Illness
- [ ] Other ________________________________________________

RECOMMENDED CLASS SIZE: Preferred 15-25 & Maximum of 60 unless indicated

Please check the preferred times and days for your training. The EAP team will make every effort to meet your request based on schedule allowance.

**Time Preferred:**
- [ ] 8:00 AM
- [ ] 9:00 AM
- [ ] 10:00 AM
- [ ] 11:00 AM
- [ ] 12:00 PM
- [ ] 1:00 PM
- [ ] 2:00 PM
- [ ] 3:00 PM
- [ ] 4:00 PM
- [ ] OTHER ____________________________

**Day Preferred:**
- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday

Please complete and return this form to:
[employeeassistanceprogram@houstontx.gov](mailto:employeeassistanceprogram@houstontx.gov)

We recommend you submit this form thirty (30) days in advance. Your form will be reviewed within 2-3 business days of receipt and you will be contacted. Thank you for your commitment to change and growth.

Be Well,

The EAP Team
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<th>For office use only</th>
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<tbody>
<tr>
<td>Receipt Date:</td>
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<td>Training Date:</td>
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<td>Confirmation Date:</td>
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Revised 8/20/19