



611 Walker Street, Garden Level,
Houston, TX 77002
Phone: 832-393-6510

EAP Training Request Form

First Name	Last Name	E-mail	Department	Phone Number
	Training Location	Number of Attendees	Projector Availability	

Select the type(s) of training(s) you are requesting. Each class is for one hour.

- | | | | |
|--------------------------|---------------------------------|--------------------------|---|
| <input type="checkbox"/> | Alcohol and Substance Abuse | <input type="checkbox"/> | Dealing with Difficult Personalities |
| <input type="checkbox"/> | Anger Management | <input type="checkbox"/> | Understanding Signs and Symptoms of Suicide |
| <input type="checkbox"/> | Preventing Workplace Violence | <input type="checkbox"/> | Work Life Balance |
| <input type="checkbox"/> | Stress Management | <input type="checkbox"/> | Coaching to Help Meet Behavioral Health Goals |
| <input type="checkbox"/> | Resilience | <input type="checkbox"/> | How Physical Health Affects Mental Health |
| <input type="checkbox"/> | Tips for Surviving the Holidays | | |

* LIMIT 25 employees per class

CLASS SIZE REQUIREMENT: Minimum 15 & 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

Your form will be reviewed within five business days of receipt and you will be contacted. Thank you for your commitment to change and growth.

Be Well,

The EAP Team

For office use only

Receipt Date:

Approval:

Training Date:

Training Time:

Facilitator: