



B E N E F I T S

Phone: 832-393-6510

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

This form must be submitted by the 5th of the month. We request 30 days notice for scheduling.  
Your form will be reviewed within 2-3 business days of receipt and you will be contacted.

**\*\*Please note: The EAP's primary role is to provide support to employees on work-related concerns and to respond to crises.\*\***

## EAP STAFF DEVELOPMENT OPPORTUNITIES

| First Name          | Last Name         | E-mail                        | Department        | Phone Number |
|---------------------|-------------------|-------------------------------|-------------------|--------------|
|                     |                   |                               |                   |              |
| Number of Attendees | Training Location | Projector/Laptop Availability | Intended Audience |              |
|                     |                   |                               |                   |              |

Please request **(1) one** training topic listed below. Each class is for (1) one hour.

- |  |   |
|--|---|
| <input type="checkbox"/> Tools to Handle Stress    | <input type="checkbox"/> How to Deal With a Difficult Person (Is it you?) |
| <input type="checkbox"/> EAP Essentials            | <input type="checkbox"/> Balancing Work and Life                          |
| <input type="checkbox"/> Practicing Assertiveness  | <input type="checkbox"/> Using Reason to Resolve Conflict                 |
| <input type="checkbox"/> Civility in the Workplace |   |

**MINIMUM CLASS SIZE: 15**

The EAP is available to provide trainings on the following dates and times:

- Time:                     10:00 AM                     2:00 PM
- Day:                       Tuesday                       Thursday

**For office use only**

Receipt Date:

Training Date:

Confirmation Date:

Approval:

Training Time:

Facilitator: