



# NYS Employee Assistance Program EAP Coordinator Evaluation

## Section I: Coordinator Identification

Name \_\_\_\_\_ Agency/Facility \_\_\_\_\_

Evaluation Period From: \_\_\_\_\_ To: \_\_\_\_\_

## Section II: Role and Responsibilities

Satisfactory

Unsatisfactory

1. Act in a professional and ethical manner.		
2. Maintain confidentiality except when authorized or legally obligated to disclose information. *		
3. Avoid involvement in any activity that would compromise, or appear to compromise, neutrality as an EAP coordinator.		
4. Comply with all NYS EAP policies and procedures.		
5. Conduct assessments consistent with NYS EAP Assessment Guidelines. *		
6. Create and maintain a file of local resources, and be familiar with the services, fees, and any restrictions associated with those services, to facilitate appropriate referrals.		
7. Be knowledgeable about health insurance benefits and other negotiated benefits for state employees.		
8. Attend EAP required professional development training and attend other training recommended and approved by the EAP committee.		
9. Attend EAP committee meetings and provide input on current issues, as appropriate.		
10. Complete a monthly statistical report and submit it to the EAP regional office by the 10 <sup>th</sup> of the following month, with a copy to the EAP committee chairperson.		
11. Collaborate with the EAP regional representative to provide <i>EAP Training for Supervisors</i> and orientations for management, union representatives, and other employees.		
12. At the request of an employee, arrange a return-to-work meeting to facilitate the employee's return to work when the employee has been out of work for an extended period of time. *		
13. Assist the agency in formulating a response to critical incidents in the workplace and follow NYS EAP procedures for critical incidents.		
14. Assist with other committee activities as requested.		
* Note: The committee's rating is based on limited knowledge due to confidentiality requirements.		

### **Section III: Summary of Performance**

Describe the EAP coordinator's performance in accomplishing tasks or achieving objectives specified in Section II. Comment on other aspects of the coordinator's performance such as skills, behaviors, personal characteristics, and time and attendance patterns that have affected the coordinator's ability to assist employees. Include the strengths of the EAP coordinator and any other comments or observations.

### **Recommendations/Goals:**

### **Section IV: Signature Section**

EAP chairperson or designee \_\_\_\_\_ Date \_\_\_\_\_

**Section V: Coordinators Comments**

I met with the EAP committee on \_\_\_\_\_ to discuss my work performance as an EAP coordinator. My signature does not necessarily signify that I agree with this evaluation. My written comments concerning this evaluation follow (optional):

EAP coordinator \_\_\_\_\_ Date \_\_\_\_\_

**Reviewed by: EAP Regional Representative (Comments Optional)**

EAP regional representative \_\_\_\_\_ Date \_\_\_\_\_