

**STATE OF MARYLAND
JUDICIARY**

Policy on the Employee Assistance Program

I. PURPOSE

To provide employees of the Maryland Judiciary with access to an employee assistance program.

II. DEFINITIONS

A. Administrative Official

1. The Clerk of the Court in which the employee works;
2. The Administrative Clerk or Administrative Commissioner of the District Court for the district in which the employee works;
3. The director of the respective department or office within the Courts of Appeal, the District Court Headquarters, or the Court-Related Agency in which the employee works; or
4. The State Court Administrator for employees within the Administrative Office of the Courts.

B. Regular Employee – Any person holding a position funded under an approved budget and having an assigned Position Identification Number (PIN), not including contractual and temporary positions, nor those positions held by Judges, Masters, and Law Clerks.

III. SCOPE

This policy applies to all regular employees of the Maryland Judiciary.

IV. POLICY STATEMENT

The Maryland Judiciary provides access to an employee assistance program (EAP), through the State's EAP. The EAP is a confidential counseling and referral service that may assist employees in resolving personal and work related issues that are affecting work performance and behavior. The EAP may assist employees by assessing needs and making recommendations regarding solutions or appropriate treatment.

There will be no charge to the employee for the initial referral to the EAP. Costs for the initial appointment will be paid in full by the State and the employee is not charged with leave. Any subsequent appointments will be paid for by the employee unless covered

by the employee's health insurance. The employee will be required to use accrued leave if subsequent appointments are scheduled during the employee's normal work hours.

V. REFERRAL TO EAP

A. Authority to Refer

Participation in the EAP is on a voluntary basis only. No referral may be initiated without the consent of the employee. An employee cannot be required to seek or use the services of the EAP. The referral may be recommended by the employee's supervisor or Administrative Official and made with the employee's consent, or it may be requested by the employee. The EAP does not accept self-referrals directly from the employee. All referrals to the EAP, therefore, must be made by the employee's supervisor or Administrative Official. The Administrative Official must be notified of the referral if it is made by the supervisor.

B. Reasons for Referral

Referrals are based on problems or issues affecting the employee, whether personal or work related, that negatively impact the employee's job performance or behavior at work. The job performance or behavior problems may be, among other things, lower than expected productivity or work quality, increased absenteeism or tardiness, or behavior affecting interpersonal relationships with coworkers or supervisors. The supervisor should consult with the Judiciary Human Resources Department (JHRD) to discuss the employee's performance and/or behavior to determine whether a referral to the EAP is appropriate.

C. Making the Referral

The supervisor should contact the Employee Relations Unit (ERU) of the JHRD if he or she believes that an employee will benefit from a referral to the EAP and the employee agrees to the referral. If it is determined that a referral is appropriate, then the supervisor will complete the referral form (attached) and send it to the ERU. The ERU will forward the completed form and a cover memorandum to the EAP explaining the necessity for the referral.

The EAP will schedule an appointment for the initial assessment.

D. Records of Referral, Confidentiality, and Release of Information

Records and correspondence of an employee's referral to the EAP are confidential and available only to the employee, the employee's supervisor and Administrative Official, and the JHRD. The EAP referral files will be maintained by the JHRD. As an exception to the confidentiality requirement, it may be necessary during the course of a grievance or termination hearing to divulge that

the employee has been referred to the EAP.

Records and correspondence of EAP referrals will be kept in a secured area away from public view and separate from the employee's personnel file. An employee may, in writing, authorize the release of this information to other parties.

IV. INTERPRETIVE AUTHORITY

The Judiciary Human Resources Department, in consultation with other parties as appropriate, is responsible for the interpretation of this policy.

CONFIDENTIAL

EAP SUPERVISORY REFERRAL FORM

The purpose of this form is to provide information to the Employee Assistance Program (EAP) regarding an employee's work performance when there is reason to believe that the cause may be due to a personal/ medical problem. **THIS FORM AND ALL SUPPORTING DOCUMENTATION MUST BE SENT IN DUPLICATE. IF DOCUMENTATION DOES NOT EXIST, PLEASE PROVIDE A SYNOPSIS EXPLAINING THE BASIS FOR REFERRAL. DO NOT SUBMIT WITHOUT ONE OR THE OTHER.**

-Please print in ink, or type -

REFERRAL DATE: _____

EMPLOYEE'S

NAME: _____ SS# _____
(Please circle: Mr./Mrs./Ms.)

DOB: _____

HOME PHONE: _____ WORK PHONE: _____

STREET ADDRESS _____

CITY, STATE: _____
(Zip Code)

CLASSIFICATION: _____

GRADE: _____

EOD: _____

DEPARTMENT WORK

LOCATION: _____

ADDRESS: _____
(Zip Code)

WORK HOURS (SHIFT): _____ DAYS OFF: _____
(Please use non-military time)

REFERRED

BY: _____

TITLE: _____

PHONE: _____ FAX: _____

EAP COORDINATOR: _____

TITLE: _____

PHONE: _____

FAX: _____

EAP COORDINATOR'S SIGNATURE

DATE

REASON FOR REFERRAL

-Please check off areas below that are relevant to this referral and attach documentation supporting areas checked -

VIOLATION OF POLICY ON SUBSTANCE ABUSE AND JUDICIARY ADMINISTRATIVE ORDER FILED AUGUST 29, 1989

_____ Failed random drug test/
conviction

_____ Alcohol related

ATTENDANCE *(Please place numbers where they are requested.)*

_____ Number of days absent in past 12 months

_____ Number of extended lunch
periods in past 6 months

_____ Pattern (e.g., Mondays, Fridays, after paydays,
before and after holidays)

_____ Number of times late in past
6 months

_____ Other: _____

JOB PERFORMANCE *(This area must be completed for referral eligibility, with supporting documentation attached for items checked.)*

_____ Lower quality of work
_____ Decreased productivity

_____ Failure to meet schedules
_____ Inability to concentrate

_____ Increased errors
_____ Erratic work patterns

_____ Impaired judgment/memory
_____ Other: _____

BEHAVIOR DEMONSTRATED WITH RESPECT TO JOB PERFORMANCE

- Avoids supervisors or co-workers
- Less communicative
- Unusually sensitive to advice or constructive criticism
- Unusually critical of supervisor, co-workers or employer
- Loss of interest
- Frequent mood swings
- Disregard for safety

Other: _____

HAVE THE ABOVE ISSUES BEEN DISCUSSED WITH EMPLOYEE? YES
 NO

HAS EMPLOYEE BEEN REFERRED TO STATE MEDICAL DIRECTOR? YES
 NO

IF YES, WHEN? (Please attach relevant documentation.) _____

- This section must be completed by employee or referral cannot be processed -

I understand that my employer is referring me to the State’s Employee Assistance Program. I also understand that my signature below does not reflect my agreement/disagreement with any of the issues raised. My signature verifies that I have seen the referral and all documentation contained therein.

YES, I will participate in the Employee Assistance Program. My health insurance carrier is:

NO, I will not participate in the Employee Assistance Program.

Signature

Date

Please forward this form and all supporting documentation IN DUPLICATE to:

**Judiciary Human Resources Department
Employee Relations Unit
580 Taylor Ave., Bldg. A-1
Annapolis, MD 21401**

**FAILURE TO FULLY COMPLETE THIS FORM WILL RESULT IN A DELAY IN YOUR
APPOINTMENT**