

DATE

NAME
ADDRESS

RE: Mandatory Track II Referral

Dear :

As a result of (description of the events that occurred which must be tied to job performance) I am requiring you to contact HealthAdvocate the City's Employee Assistance Program at 877-240-6863 by the close of business on (date).

Your failure to contact the Employee Assistance Program by (date) and follow the prescribed course of treatment will result in disciplinary action up to and including termination.

Yours truly,

Director

Cc: P&CSC Employee Leaves Coordinator