Employee Assistance Program for teachers

Employee Assistance Program for Teachers

Teacher Verification Form

THIS IS TO VERIFY THAT I HAVE SEEN

_____

Name of Counsellor

Dates	Number of Counselling Hours

FOR THE MONTH OF: _____, 20 ___

_____ _____

Teachers' Signature EAP #

SUBMIT WITH COUNSELLOR INVOICE FORM

Form is to be completed by the counsellor and signed by the teacher for verification.