DATE Certified Mail or Hand Delivered

Employee Name

Address

RE: Fit for Duty Mandatory Referral

Administrative Leave With Pay

Dear Employee:

This letter is to inform you that effective DATE you will be placed on administrative leave with pay in order for you to participate in the Fit For Duty Program through HealthQuest, the Employee Assistance Program. This action is in accordance with K.S.A. 75-2949(i) and Kansas Administrative Regulation 1-9-19 which authorize the appointing authority to relieve an employee from duty for the safety and protection of persons or property and to place the employee on administrative leave with pay.

*This section is specific to the employee’s situation: For example*, “This referral is being made based on your behavior at work, particularly your interactions with coworkers and supervisors which are inappropriate and disruptive … *OR …*which have caused concern for your personal well-being. I am concerned about your personal well being and the safety of yourself and others at work.”

**You are required to contact HealthQuest Employee Assistance Program (EAP) within 24 hours of receipt of this letter to make an appointment for an assessment. HealthQuest EAP may be reached at 1-888-275-1205, select option 7. When you contact HealthQuest, inform them that you are a State of Kansas employee calling with a mandatory referral.**

HealthQuest EAP will schedule an appointment for you within two business days. A counselor will conduct an in-depth, comprehensive face-to-face assessment and clinical evaluation to determine what action(s) may be necessary to resolve these issues. The counselor will then contact me to discuss whether a treatment plan has been developed.

Accordingly, you will not be allowed to return to work until I have received a Fit for Duty certification from a health care provider and a Return to Work Agreement. Your security badge has been temporarily deactivated and your computer log-in has been disabled.

The expense of the initial evaluation will be covered by HealthQuest EAP. Under the Program, any long-term or follow-up participation in any treatment or related counseling program will be at your expense in accordance with your health care plan.

Please understand that you will be subject to disciplinary action if you do not contact HealthQuest within 24 hours of this letter. As a matter of record, I need to inform you that any non-compliance with the mandatory referral process will be considered insubordination and may result in disciplinary action, up to and including, termination of employment.

You will remain on administrative leave for up to 15 (fifteen) working days, which provides sufficient time for you to meet with the HealthQuest provider and to attend your appointments. Upon the 15 working days, if you are unable to return to work, you are expected to use your sick leave or vacation leave balances to cover your absence.

I hope this referral will help improve your work experiences and successfully address work issues. I value your contributions to the Agency and wish you success in resolving this situation. I look forward to your return to work after I receive your Fit for Duty certification and signed Return to Work agreement.

If you have any questions, please contact the HR Director at ….

Sincerely,

Agency Appointing Authority or Designee