

COPE

incorporated

EMPLOYEE ASSISTANCE PROGRAM APPOINTMENT VERIFICATION FORM

This is to serve as an official notification that _____

[] is scheduled for an appointment with the COPE EAP on _____ at _____ am / pm

[] has attended his/her scheduled appointment with the COPE EAP on _____ from
_____ am / pm to _____ am/pm.

Employee Assistance Program Counselor

Date

Tel: 202-628-5100 or Tel: 1-800-841-7406 fax: 202-628-5111