

Today's date: _____

Employer (please check one): UC Berkeley Lawrence Berkeley Lab

Affiliation (please check one): Faculty Staff Family member Visiting Scholar Post-doc

If family member, enter employee name and department here

Name: _____

Dept: _____

Your Personal Information

Name: _____ Date of Birth: _____

Street Address _____ City _____ Zip Code _____

Best contact phone number: _____ OK to leave a message? Yes No

Email address: _____ Gender Identity: _____

Ethnicity: _____ Legal Gender: _____

Major medical plan:

UC Care Health Net Blue and Gold Health Net HMO (Post-Doc) IMG
 Kaiser UC Health Savings Plan Health Net PPO (Post-Doc) Other: _____

Have you had an appointment with an Employee Assistance or Elder Care counselor previously? Yes No

Employment Information *(family members skip this section)*

Department *(please do not abbreviate)*: _____

Title/Position: _____

Employment Status: Career Temporary Contract Other: _____

Length of service at UC Berkeley or LBNL: _____

Is the problem that brings you to Employee Assistance impacting your ability to work? Yes No

If yes, how? (please check all that apply):

Conflict with co-worker(s) Conflict with supervisor(s) Discipline (formal) Discipline (informal)
 Late to work Leaving early Making mistakes Missed deadlines
 Work absence Difficulty concentrating Other: _____

Additional Information

Would you be willing to provide us anonymous input on our services? Yes No

Would you like to receive our Employee Assistance newsletter? Yes No

Would you like to receive our Elder Care newsletter? Yes No

Preferred email for surveys and newsletters: _____ or Same as above

How did you hear of Employee Assistance?

Co-worker Flyer Former User HR New Employee Orientation Ombuds Supervisor/Mgr.
 Occ Health UHS Staff Union Rep Website Workshop Workstrong Other: _____