

REQUEST A PROPOSAL/QUOTE

Employer Information

Employer:

Mailing Address: City, State Zip

Street Address: City, State Zip

Website address:

Point of Contact (POC):

Title:

POC Phone Number:

POC Fax Number:

POC Email Address:

No. of Employees:

% Male:

% Female:

Annual Turnover Rate: % Non English Speaking Employees? Yes, Language No

Describe the product or
Service you provide:

Do You Drug Test? No Testing Pre-Employment For Cause Random Other

Are You Covered by DOT Regulations? Yes No

Estimated number of monthly education posters you will need.

Estimated number of supervisor training session you will need at start up? (Allow 1 – 1.5 hrs) *(Trains how to identify a troubled employee as well as how to merge company disciplinary policies with EAP referral)*

Estimated number of employee education sessions you will need? (Allow 30 minutes per session) *(Introduces EAP benefit to employees)*

Do you currently have an EAP? Yes No

Why are you looking for an EAP now?

Please submit via fax or email address below to the attention of Debbie Graham, CEO. Thank you for your interest in Palmetto EAP.