# **Employee Assistance Policy Template**

## <u>NOTE:</u>

This template has been put together as a guide. Please ensure you customize and include any relevant legal requirements for your region.

### Purpose:

To outline the support and resources available to employees impacted by natural disasters.

#### Scope:

This policy applies to all employees of [Company Name].

#### Available Assistance:

#### 1. Mental Health Resources:

 Access free and confidential counseling through [EAP Provider/Service]. Contact them at [Phone/Website].

#### 2. Financial Support:

- Employees affected by [wildfires/natural disaster] may request financial assistance or paid emergency leave by completing the [Emergency Assistance Form].
- Remote employees may apply for reimbursement for temporary relocation expenses if needed to ensure safety.

#### 3. Flexible Work Options:

- Remote work and flexible schedules are available. Coordinate with your manager to make arrangements.
- Remote employees facing connectivity or power issues should communicate with their managers to explore alternative work solutions.

#### 4. Community Support Programs:

- Employees are encouraged to participate in company-sponsored community rebuilding efforts, where applicable.
- Remote employees can join virtual volunteering opportunities or contribute through other company-coordinated programs.

#### How to Access Support:

- 1. Contact [HR Contact Name] at [Email/Phone] for guidance on resources.
- 2. Submit any required forms to [Email/HR Portal] for review.

## **Policy Review:**

This policy will be reviewed annually to ensure it remains effective and compliant with legal standards. Updates will be made as necessary to reflect changes in law or company practices.

## Acknowledgment of Receipt:

By signing below, you acknowledge that you have received and understood this policy.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

#### <u>NOTE:</u>

Please remove the following when using this form.



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