

## Verification of Appointment

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

Employee's Name: \_\_\_\_\_

This memo is verification that the above mentioned employee  
kept his/her appointment of:

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

\_\_\_\_\_  
Print Name of EAP Counselor

\_\_\_\_\_  
Signature of EAP Counselor

\_\_\_\_\_  
Date