

**AUTHORIZATION FORM**

**Between the employee and his employer**

<b>IDENTIFICATION</b>
<b>Employee's name:</b>
<b>Policy number:</b>
<b>Employee number:</b>
<b>Name of employer:</b>

I authorize my employer \_\_\_\_\_ to transmit my personal coordinates to my EAP administrated by Solareh. As I am in sick leave, they will contact me to evaluate my needs and to accompany me, if applicable.

I certify that I duly signed this authorization, in \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

A photocopy of this document is as valid as the original.