

EAP WORKSHOP SCHEDULE

Spring 2024

Facilitated by: Michelle Stolicker, EAP Supervisor

- | | | | |
|--|---|---------------------|-------------------|
| <input type="checkbox"/> March 27, 2024
Wednesday | <i>NYSLRS Retirement Overview</i>
with NYSLRS Representative (For non-instructional employees NOT Teachers) | Live Online Program | 5-6:30 pm* |
| | <input type="checkbox"/> *Note later start time for this program only; You also must attend this program live as NYSLRS doesn't allow recording of the session. | | |
| <input type="checkbox"/> April 4, 2024
Thursday | <i>A-Z List of Stress Strategies</i>
with Michelle Stolicker, EAP Supervisor | Live Online Program | 4:30-5:30pm |
| <input type="checkbox"/> April 11, 2024
Thursday | <i>DeJunk Your Life</i>
with Michelle Stolicker, EAP Supervisor | Live Online Program | 4:30-5:30pm |
| <input type="checkbox"/> April 18, 2024
Thursday | <i>Bet You Didn't Know:
Problem Gambling Explained</i>
with Michelle Stolicker, EAP Supervisor | Live Online Program | 4:30-5:30pm |
| <input type="checkbox"/> May 1, 2024
Wednesday | <i>Caregiver Camp:
Alzheimer's & Related Dementias</i>
with Michelle Stolicker, EAP Supervisor | Live Online Program | 4:30-5:30pm |
| <input type="checkbox"/> May 8, 2024
Wednesday | <i>5 Languages of Love Revisited</i>
with Michelle Stolicker, EAP Supervisor | Live Online Program | 4:30-5:30pm |

If you are interested in a program, but are unable to attend live, please register anyway and note that on the registration form or in your registration email.

A link to the replay and a copy of the program slides will be sent to all enrollees regardless of attendance.

If you have a group in your school district interested in bringing a workshop directly to you, please call Michelle Stolicker at 1-800-EAP-8764 or 315-471-1361 or email her at eap@ocmboces.org to schedule a day and time.

All programs are FREE to component district employees and family members.

TO REGISTER, PLEASE CHECK DESIRED COURSES
PLEASE RETURN ENTIRE FLYER via BOCES MAIL, US MAIL OR EMAIL

Name: _____

School/School District: _____ Position _____

School Phone: _____ Home/Cell Phone _____

E-Mail Address (please print clearly): _____

If applicable, name of guest(s) attending with you: _____

I am unable to attend live, please send me the replay link & workshop slides following the program.

RETURN: **Michelle Stolicker/ OCM BOCES Employee Assistance Program**
906 Spencer Street c/o Prevention Network
Syracuse, New York 13204