

SECTION 1: EMPLOYEE INFORMATION (to be completed by supervisor)

Employee's Full Name: Last M.I. First EWU Employee ID#

Job Title Department

Name of Supervisor Office Phone Number

SECTION 2: REASON FOR COMPLETING FORM

Date of observation: _____ Time of observation: _____

Describe the reason/circumstances (specific, articulable observations or information) for requesting a Fitness for Duty Evaluation or Reasonable Suspicion Examination: (Appearance, Behavior, Speech, Body Odor, Performance, Alcohol and/or Controlled Substance Use/Impairment)

Did anyone else witness the situation? Yes No --- If so, please list their name(s): _____ Phone #(s): _____

Does the employee pose a direct threat to him/herself or others? Yes No --- If yes, describe the threat: _____

Taken off work due to issues/concerns and the following actions have already been taken: _____

Did a reportable incident occur (e.g. injury, etc.)? Yes No --- If so, was a report filed? Yes No

Additional information has been attached. Please list the additional information: _____

SECTION 3: OBSERVER INFORMATION

Authorized Employee

Name:	Title:
Department:	Signature:
Name of second authorized Observer:	

Each observer must complete a "Fitness for Duty – Observation Report"