

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"