



## 2079 Reasonable Suspicion

**THIS FORM SHALL BE COMPLETED BY A SUPERVISOR WHEN THERE IS REASONABLE SUSPICION THAT AN EMPLOYEE IS UNFIT FOR DUTY. ANOTHER SUPERVISOR, IF POSSIBLE, SHALL SIGN OFF AS A WITNESS.**

Employee name (Last)	(First)	(MI)	Last four digits of SSN	Observation date	Time
Title			Office/agency		

### PHYSICAL INDICATORS *(please check all indicators that apply):*

#### Appearance

- Decreased attention to appearance or personal hygiene
- Unkempt grooming
- Disheveled clothing
- Deteriorating physical appearance
- Needle marks on arms

#### Eyes

- Bloodshot
- Watery
- Glassy
- Unfocused
- Blank stare
- Dilated *(large pupils)*
- Constricted *(pinpoint pupils)*

#### Speech

- Inability to verbalize
- Slurred
- Incoherent
- Exaggerated enunciation
- Unusually loud, boisterous
- Unusually soft, whispering
- Excessively talkative, rambling
- Cursing, verbal abusiveness
- Inappropriate verbal response to questions or instructions

#### Walking

- Staggering, stumbling, or unable to walk

#### Skin

- Pale
- Flushed
- Excessive sweating
- Cold, clammy sweats

#### Other

- Employee exhibits disorientation; confused about where s/he is, what day it is, what time it is
- Odor of alcohol or marijuana
- Tremors, shakes
- Unusual nasal congestion, secretion, sneezing

### BEHAVIOR INDICATORS *(please check all indicators that apply):*

- Drowsy, sleepy, lethargic
- Irritable, moody
- Suspicious, paranoid
- Inappropriate, uninhibited behavior
- Mood changes after lunch or break
- Lack of motor coordination, clumsy, uncoordinated
- Agitated, anxious, restless
- Unresponsive, distracted
- Hyperactive, fidgety
- Hostile, belligerent
- Depressed, withdrawn

### JOB PERFORMANCE INDICATORS *(please check all indicators that apply):*

- Performance problems are persistent and on going
- Performance problems are affecting work efficiency and productivity
- Current job performance is a change from the employee's usual performance/behavior

#### Absenteeism

- Excessive absenteeism and/or tardiness
- Patterned absences
- Frequent unreported absences, later explained as "emergencies"
- Unusually high incidence of colds, flus, upset stomach, headaches, etc.
- Frequent use of unscheduled vacation time
- Leaving work area more than necessary
- Unexplained disappearance from the job with difficulty in locating employee
- Requesting to leave work early for various reasons



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**JOB PERFORMANCE INDICATORS CONTINUED** (please check all indicators that apply):

**Accidents**

- Taking of needless risks
- Disregard for safety of others
- Higher than average accident rate on and off the job

**Work patterns**

- Inconsistency in quality of work
- Poor judgment
- General carelessness
- Difficulty in recalling instructions
- Increased difficulty in handling complex situations
- Difficulty in remembering own mistakes
- Unable to process/act on critical issues
- High and low periods of productivity
- More mistakes than usual
- Lapses in concentration
- Using more time to complete work/missing deadlines

**Relationship to others on the job**

- Overreaction to real or imagined criticism
- Unable to work with others
- Borrowing money from fellow employees
- Complaints of problems at home, such as separation, divorce, etc.
- Avoiding, withdrawing from peers
- Complaints from co-workers
- Persistent job-transfer requests

**MISCELLANEOUS INDICATORS** (please check all indicators that apply):

- Possessing, dispensing, or using controlled substance or alcohol
- Employee admission concerning alcohol/drug use
- Traces of alcohol/drugs in any containers in employee's vicinity
- Traces of suspected drug paraphernalia

**Other observations:**

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Employee name (Last)	(First)	(MI)	Last four digits of SSN	Observation date	Time

**Employee's explanation for behavior** *(for bargaining unit employees, please contact union representative):*

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\_\_\_\_\_  
 Supervisor name observing behavior (print)

▶ \_\_\_\_\_  
 Supervisor signature

\_\_\_\_\_  
 Supervisor name witnessing behavior (print)

▶ \_\_\_\_\_  
 Supervisor witness signature

**I UNDERSTAND THAT REFUSAL TO BE TESTED WILL RESULT IN IMMEDIATE TERMINATION.**

**Employee has AGREED to testing**

▶ \_\_\_\_\_  
 Employee signature

**Employee has REFUSED testing**

▶ \_\_\_\_\_  
 Employee signature