

Long Term Indicator Checklist

REASONABLE CAUSE OBSERVATION CHECKLIST

(STRICTLY CONFIDENTIAL)

EMPLOYEE: _____ PERIOD OF EVALUATION: _____

SUPERVISOR #1, NAME AND TELEPHONE _____

SUPERVISOR #2, NAME AND TELEPHONE _____

This checklist is intended to assist a supervisor in referring a person for drug testing. Has the employee manifested any of the following behaviors? Indicate (D) if documentation exists.

A. QUALITY AND QUANTITY OF WORK

- ___ 1. Clear refusal to do assigned tasks
- ___ 2. Significant increase in errors
- ___ 3. Repeated errors in spite of increased guidance
- ___ 4. Reduced quantity of work
- ___ 5. Inconsistent, "up and down" quantity or quality of work
- ___ 6. Behavior that disrupts workflow
- ___ 7. Procrastination on significant decisions or tasks
- ___ 8. More than usual supervision necessary
- ___ 9. Frequent, unsupported explanations for poor work performance
- ___ 10. Noticeable change in written or verbal communication
- ___ 11. Other (please specify) _____

B. INTERPERSONAL WORK RELATIONSHIPS

- ___ 1. Significant change in relation with co-workers, supervisors, others
- ___ 2. Frequent or intense arguments
- ___ 3. Verbal abusiveness
- ___ 4. Physical abusiveness
- ___ 5. Persistently withdrawn or less involved with people
- ___ 6. Intentional avoidance of supervisor
- ___ 7. Expressions of frustration or discontent
- ___ 8. Change in frequency or nature of complaints

- ___ 9. Complaints by co-workers or subordinates
- ___ 10. Cynical, "distrustful of human nature" comments
- ___ 11. Unusual sensitivity to advice or critique of work
- ___ 12. Unpredictable response to supervision
- ___ 13. Passive-aggressive attitude or behavior, doing things "behind your back"

Long Term Indicator Checklist

C. GENERAL JOB PERFORMANCE

- ___ 1. Excessive unauthorized absences – number in last 12 months _____
- ___ 2. Excessive authorized absences – number in last 12 months _____
- ___ 3. Excessive use of sick leave – number in last 12 months _____
- ___ 4. Frequent Monday/Friday absence or other pattern
- ___ 5. Frequent unexplained disappearances
- ___ 6. Excessive "extension" of breaks or lunch
- ___ 7. Frequently leaves work early – number of days per week or month
- ___ 8. Increased concern or actual incidents of safety offenses involving employee
- ___ 9. Experiences or causes job accidents
- ___ 10. Major change in duties or responsibilities
- ___ 11. Interferes with or ignores established procedures
- ___ 12. Inability to follow through on job performance recommendation

D. PERSONAL MATTERS

- ___ 1. Changes in or unusual personal appearances (dress, hygiene)
- ___ 2. Changes in or unusual speech (incoherent, stuttering, loud)
- ___ 3. Changes in or unusual physical mannerisms (gesture, posture)
- ___ 4. Changes in or unusual facial expressions
- ___ 5. Changes in or unusual level of activity – much reduced – or increased
- ___ 6. Changes in or unusual topics of conversation
- ___ 7. Engages in detailed discussions about death, suicide, or harming someone
- ___ 8. Increasingly irritable or tearful
- ___ 9. Persistently boisterous or rambunctious
- ___ 10. Unpredictable or out-of-context displays of emotion
- ___ 11. Unusual fears
- ___ 12. Lacks appropriate caution
- ___ 13. Engages in detailed discussion about obtaining or using drugs and/or alcohol
- ___ 14. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws)
- ___ 15. Has received professional assistance for emotions or physical problems
- ___ 16. Makes unfounded accusations toward others, has feelings of persecution
- ___ 17. Secretive or furtive
- ___ 18. Memory problems (difficulty recalling instructions, data, past behaviors)
- ___ 19. Frequent colds, flu, or other illness
- ___ 20. Comes to work with alcohol on breath
- ___ 21. Excessive fatigue

- ___ 22. Makes unreliable or false statements
- ___ 23. Unrealistic self-appraisal or grandiose statements
- ___ 24. Temper tantrums or angry outbursts
- ___ 25. Demanding, rigid, inflexible
- ___ 26. Major change in physical health
- ___ 27. Concerns about sexual behavior or sexual harassment
- ___ 28. Other information/observations.

(Be specific. Attach additional sheets as needed.)

Signature of Supervisor #1 _____ Date/Time _____

Signature of Supervisor #2 _____ Date/Time _____