

FORM 1

**STATEMENT OF FACTS SUPPORTING REASONABLE
CAUSE OF DRUG OR ALCOHOL USE BY EMPLOYEE**

Employee:

Name (print) _____ Department _____

Observed Behavior:

Date _____ Time _____ AM PM Location _____

Person Completing Form:

Name (print) _____ Title _____ Department _____

Please check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Abrupt changes in attendance | <input type="checkbox"/> Difficulty meeting deadlines | <input type="checkbox"/> Hand tremor |
| <input type="checkbox"/> Frequently absent from work area | <input type="checkbox"/> Calls in for time off at last minute | <input type="checkbox"/> Accidents |
| <input type="checkbox"/> Increased sensitivity, overreacts | <input type="checkbox"/> Disoriented | <input type="checkbox"/> Red, glassy, bleary eyes |
| <input type="checkbox"/> Patterned absences | <input type="checkbox"/> Chronic complaints | <input type="checkbox"/> Odor of Alcohol on Breath |
| <input type="checkbox"/> Frequent violation of policies/procedures | <input type="checkbox"/> Secretive behavior | <input type="checkbox"/> Unkempt appearance |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Incoherent speech, drowsiness | <input type="checkbox"/> Withdrawal from responsibility |
| <input type="checkbox"/> Tremors increased alertness/excitation | <input type="checkbox"/> Nervous or agitated | <input type="checkbox"/> Withdrawal from coworkers |
| <input type="checkbox"/> Pronounced mood swings | <input type="checkbox"/> Blank stares | <input type="checkbox"/> Erratic job performance |
| <input type="checkbox"/> Evidence of drug paraphernalia | <input type="checkbox"/> Poor attention to detail | <input type="checkbox"/> Unusually boisterous/loud behavior |
| <input type="checkbox"/> Other (describe): _____ | | |

Please describe what you observed (please use back of form or additional pages if more space is needed):

Please indicate the member of management who was witness to any of the events described or observed:

Print Name and Title Department and Phone Number

Print Name and Title Department and Phone Number

Based on observations set forth above, I have reason to believe that the employee named above is under the influence of drugs or alcohol in violation of university policy.

Signature of Person Completing Form Date