

This form is for any employee to report fitness for duty concerns under the Policy No. 311 of the DBH Employee Handbook – Employee Fitness for Duty Policy.

An employee who observes behavior or learns information that suggests an employee is not fit for duty should report such behavior to the employee’s supervisor or Human Resources Director.

If an employee believes that they are not fit for duty, they should discuss their concerns with their supervisor or may request to meet with the HR Director to discuss options for accommodations and/or leave.

Please answer all applicable questions to the best of your ability. Attach additional information and relevant documentation, as necessary. Please include the employee’s job description. If an official job description is not available, please use the Job Description Template located in the Approved HR Forms section of the DBH intranet page to create one.

Today’s Date: _____

Reported Employee’s Information

Employee Name: _____

Job Title: _____

Department: _____

Job Type: _____

Supervisor: _____

Program Director: _____

Reporting Employee’s Information

Employee Name: _____

Job Title: _____

Department: _____

Job Type: _____

Supervisor: _____

Program Director: _____

There is objective information to support a reasonable belief that the employee in question may have a medical condition that (*select applicable*):

- Has or will impair performance in essential job functions;
- Will pose a direct threat; or
- Both.

Objective Supporting Information

Date of Event(s): _____

Time of Event(s): _____

Summary of Event(s)/Supporting Information

Summary of Impairment of Essential Job Functions and/or Direct Threat Posed

Additional Observations

Witnesses (Names & Job Titles)

Number of pages of additional supporting documentation attached: _____

Filing deliberately false or misleading information with the intention to harass, or otherwise abusing of the Fitness for Duty reporting process will be considered unacceptable conduct and may be subject to disciplinary action, up to and including termination of employment in accordance with applicable DBH policies.

Reporter Name: _____

Reporter Signature: _____

Date