

Fitness for Duty Evaluation Request Form - Supervisor

This form documents the reasons for requesting a fitness for duty evaluation under the Policy No. 311 of the DBH Employee Handbook – Employee Fitness for Duty Policy. After consulting with the Human Resources (HR) Director, a supervisor may requests a fitness for duty evaluation of an employee.

Please answer all applicable questions. Upon completion, submit this form to the HR Director.

Number of pages of additional supporting documentation attached: _____

Attach additional information and relevant documentation, as necessary. Please request a copy of the employee's job description from the DBH Human Resources Department to add to the request form.

Today's Date:			
Employee Name:	Job Title:		
Department:	Job Type:		
Supervisor:	Director:		
Expected completion date for fitness for duty evaluation:			
The supervisor can provide objective evidence supporting the reasonable belief that the individual has 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			
Additional Observations			
Witnesses (Names & Job Titles)			

HR Director and employee's supervisor will provide the employee with a Notice to Employee for Fitness for Duty Evaluation.			
Supervisor Name:	Supervisor Signature:		
		Date	
HR Director Name:	HR Director Signature:		
		Date	

The HR Director will review the Fitness for Duty Evaluation Request Form to decide if an evaluation is necessary. Other DBH directors and administrators may be consulted during the review process, as appropriate. If it is determined that an evaluation is required, the