

Notice to Employee for Fitness for Duty Evaluation

This form is used by the DBH Human Resources Department and an employee's supervisor to notify the employee of the requirement to undergo a fitness for duty evaluation under DBH's Fitness for Duty policy. Upon receipt of this written notice, the employee is required to complete a DBH Health Care Provider – Medical Information Release Form, allowing the DBH Human Resources Department to speak with the health care professional conducting the evaluation. For further details about this process please review DBH's Fitness for Duty policy and associated procedures.

Today's Date: _____

Employee Name: _____ Job Title: _____

Department: _____ Job Type: _____

Supervisor: _____ Director: _____

Expected completion date for fitness for duty evaluation: _____

The evaluation will be limited to determining whether the employee can perform their essential job function(s) or whether they pose a direct threat. Below, the supervisor/manager has provided objective evidence supporting the reasonable belief that the employee has a medical condition that **(select applicable)**:

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

Summary of the employee's conduct that supports the evaluation:

Pending the results of the evaluation, the employee will be **(select applicable)**:

- Placed on Administrative Leave
An eligible employee will be temporarily relieved of their normal job responsibilities and will still receive regular pay
- Other:

(To be determined by the supervisor/director in consultation with the HR Department.)

The period of administrative leave is expected to last up to thirty (30) days, but at DBH's discretion, that period may be modified with written notice to the employee.

Other options that may be available to the employee pending the results of the evaluation include:

- Family Medical Leave Act (FMLA)
- Sick Leave
- ADA Accommodation

Health Care Provider and Evaluation

DBH has chosen the following health care professional to conduct the evaluation.

Name, License: _____ Phone Number: _____

DBH permits the employee to choose their own health care professional to conduct the evaluation.¹

The questions the health care professional will be required to answer will be provided to employee and professional prior to the evaluation.

Resource

DBH offers an Employee Assistance Program (EAP) to its employees. Please contact the Human Resources Department for more information about this program.

Failure to Comply

An Employee who fails to undergo the Evaluation as directed or fails to adhere to any condition(s) of employment established as a result of the Evaluation, including failing to engage with any process to determine what accommodations or requirements may make the Employee Fit for Duty may not be allowed to return to work and may be subject to disciplinary action, up to and including separation from DBH, consistent with applicable policies and procedures.

Supervisor Name: _____

Supervisor Signature: _____

Date

HR Director Name: _____

HR Director Signature: _____

Date

¹ If the employee's own provider conducts the evaluation and the University determines that additional information is needed, the University may require the employee to be evaluated by a health care professional of the University's choice.