

SUPERVISORS

Supervisors are the people best in a position to evaluate an employee's job performance. In essence, their documentation role has them do that for which they are already specially qualified: keeping an accurate record of employee's job performance and conducting performance evaluation interviews. Your supervisors will require special training to help them identify the patterns of changed behavior, physical appearance and job performance that signal impairment. What are these patterns?

Absenteeism

- frequent unauthorized absences
- excessive sick days
- frequent absences of short duration
- frequent day before and day after holiday absences
- frequent use of vacation days to cover absences
- high absentee rate for vague ailments: colds, flu, etc

On the Job Absences

- frequent away from work station
- excessive tardiness after lunch, breaks
- freq.trips to the water fountain, parking lot, restroom

High Accident Rate

- accidents off the job that affect job performance
- accidents on the job due to carelessness
- failure to wear safety gear when applicable

Poor Job Performance

- pattern of diminished morning or afternoon performance
- complaints from coworkers, clients, etc.
- missed deadlines
- taking longer to do less
- wasting materials, damaging/losing equipment
- improbable excuses
- alternating periods of high and low performance
- difficulty with instructions, procedures
- difficulty understanding new information
- difficulty with complex assignments
- uneven work habits

Changes in Personal Habits

- reporting to work in abnormal condition (drunk, dazed)
- different behavior after lunch than before
- increasing lack of attention to personal hygiene
- increasing lack of interest in personal appearance

Poor Relationships with Coworkers

- over-reaction to real or implied criticism
- unrealistic resentments
- excessive talking with coworkers
- wide mood swings
- borrowing money
- avoiding coworkers and friends
- complaints from coworkers and friends
- increasing irritability
- increasingly argumentative
- inappropriate outbursts of anger, tears, laughter

Naturally, documentation requires documents. Supervisors should be made familiar with them prior to beginning any documentation procedures. You will want to devise documents suitable for your organization's need, but the example on the next few pages will give you some idea of the form they might take.

This is one of the more thorough of supervisors documents and while this is seen by some employers as it's advantage, supervisors who don't like the many pages and headings complain of "paperwork" and "bureaucracy." If you are concerned about the legal aspects of documentation and want to provide yourself and your supervisors with the maximum protection, this document is one of the best available. Also, when dealing with an employee whose denial is very strong, a document this detailed and precise can be an extremely powerful tool.

Documenting unsatisfactory job performance has been proven to be a successful means of eliminating the kind of impaired work behavior that costs companies money. Identification by documentation takes longer than blood or urine testing, but it is effective. We know of countless histories illustrating the positive use of documentation.

GUIDELINES FOR SUPERVISORS

1. Make documentation thorough and incontrovertible.
2. Never diagnose or interpret. Stick to the facts of impaired performance.
3. Whenever possible during performance reviews, make positive comments about an employee's area of competence. By acknowledging the worker's strength, you make it easier for him to admit his work impairment without a loss of dignity.
4. Don't get involved in excuses, explanations or arguments. You are interested in one thing only: improved job performance. All else is irrelevant to a performance based intervention.
5. At each stage, remind the employee that help is available for personal problems that may be affecting his work.
6. Make it clear that it is the employee's responsibility to get help for his or her problems.
7. At the stage of a formal performance review, use your supervisorial leverage. Make it clear that the employee's livelihood is at stake. This leverage is what makes workplace interventions the most successful way of getting help for impaired employees. Drug and alcohol addicts may be willing to sacrifice their families and their health, but they will do almost anything to keep from losing their income.

EMPLOYEE EVALUATION FORM

Instructions: Mark each characteristic you have noted about the employee.

Dates	Absenteeism
_____	_____ Repeated unauthorized leave
_____	_____ Excessive sick leave
_____	_____ Frequent Mon/Fri. absences
_____	_____ Repeated absences
_____	_____ Excessive tardiness
_____	_____ Frequent long lunches/breaks
_____	_____ Leaving work early
_____	_____ Frequent unscheduled short-term absences

Dates	Work-post Absenteeism
_____	_____ Continued absences from post
_____	_____ Frequent trips to water fountain or restroom
_____	_____ Long coffee breaks
_____	_____ Excessive fraternization
_____	_____ Physical illness on the job

Dates	Accident Rate
_____	_____ Accidents on the job

details: _____

Dates	Problems in Concentration
_____	_____ Work requires greater effort
_____	_____ Jobs take more time
_____	_____ Trouble taking direction
_____	_____ Trouble learning new routines/procedures
_____	_____ Difficulty recalling instructions/details
_____	_____ Other significant memory problems

details: _____

Dates	_____	Irregular Work Patterns	_____
_____	_____	Alternate periods of high/low productivity	_____
_____	_____	Productivity impaired after lunch Mondays/Fridays	_____
Dates	_____	Reporting to Work	_____
_____	_____	Coming to work in an inappropriate condition	_____
_____	_____	Returning to work in an inappropriate condition	_____

details: _____

Additional relevant comments:

Opinion Based On Observations

- A. Under influence of alcohol _____
- B. Under influence of drugs _____
- C. When not sure, either drugs or alcohol/both _____
- D. Unfit to operate machinery or to perform safely in workplace _____
- E. Unfit for work for other reason (List) _____
- F. Recommended for physical exam _____
- G. Does not appear to be under the influence of alcohol _____
- H. Does not appear to be under the influence of drugs _____

Remarks: _____

Signed _____ Date _____
 Witnessed by: _____ Date _____

STATEMENT

**Voluntary Submission for Physical Examination
of Drug/Alcohol Testing
and the Release of Findings and Information**

I, _____, voluntarily agree to take a physical examination which may include blood, breath, saliva and/or urine analysis by physician, medical center, hospital, or medically qualified personnel. Furthermore, I authorize the release of these tests and examination results to _____ Company or any of its representatives. By this authorization, I do hereby release any physician, medical personnel, or any of its representatives from any and all liabilities arising from the release or use of the information derived from or contained in my physical examination and test results.

Signed _____ Date _____
Employee

AGREEMENT TO IMPROVE JOB PERFORMANCE

This agreement is made between _____(employee)
and _____ (supervisor).

The supervisor has advised the employee of the following matters that need correction:

1. _____

2. _____

The supervisor has informed employee that assistance is available through the company EAP (or other).

The employee agrees that the following corrective action will be taken:

1. _____

2. _____

A review of this plan will be made on _____

If at that time, these matters are settled as planned, this will be noted. If work performance continues to be unsatisfactory, this agreement will be used as part of any disciplinary or corrective action as may be necessary.

Signed _____
Employee

Date _____

Signed _____
Supervisor

Date _____

LETTER OF REPRIMAND

Date: _____

On, _____ we discussed the continuing problem of your: _____ and you were told that your performance was unsatisfactory according to the terms of your employment by this company. We agreed (see copy of agreement) that you would correct the said above.

However, the problem(s) have continued. (See letter)

Persistent work problems such as those mentioned are often the result of personal problems. In recognition of this fact, I strongly suggest that you contact _____ in an effort to clear up these problems.

Unless your job performance shows a substantial improvement within the next ___ (week), ___(month), I will have no choice but to recommend that formal disciplinary action be taken against you.

Signed _____
Supervisor

Signed _____
Employee

LAST CHANCE AGREEMENT

A last chance agreement allows an employee a second full period of treatment following relapse. Under this condition of employment, after relapse but before resuming treatment, the employee signs an agreement stating very clearly that this second treatment will be the final chance at rehabilitation the company is willing to allow, and it is fully understood that remaining sober is a condition of continued employment. The signed agreement states that a second will be grounds for dismissal.

CONDITIONS OF EMPLOYMENT

I understand that my reinstatement to employment by the corporation is based upon and constrained by the following terms:

1. I accept admission to the Employee Assistance Program.
2. I recognize that my reinstatement is contingent upon the participation of my spouse and adult children in my recovery through the Employee Assistance Program. (If part of the co. EAP agreement).
3. I will comply with ALL of the program agreement requirements to their successful conclusion.
4. I recognize the adverse impact that working overtime may have on my recovery and waive my rights to assignment to overtime. For the same reason, I will accept supervision's decisions regarding requests for payment in lieu of vacation time off.
5. I understand that my previous job performance warrants close supervision as a constructive part of my recovery.
6. I understand that upon return to the workplace I must meet all established standards of conduct and job performance and that I will be subject to the company's disciplinary procedures for any failure to meet the standards.
7. I understand that I will be subject to the terms of this condition of employment until I have completed at least twelve months of work. Upon completion of twelve months of work the appropriate parties will review my job performance and recovery progress and determine if the terms of this condition of employment will be removed, modified, sustained or added to.

I understand and agree that my reinstatement and continued employment are contingent upon my meeting satisfactorily all the above terms of this condition of employment and that my failure to do so relinquishes all defense on my part and subjects me to immediate termination of my employment with the corporation.

Signed _____
Employee

Date _____

CONDITIONAL REINSTATEMENT AGREEMENT

The undersigned parties hereby agree as follows:

1. That (employee's name) recognizes that the Company was lenient in working with him/her due to (employee's name) unexcused absence(s) because of alcohol/drug abuse and letting him/her go through its employee assistance/rehabilitation program to help (employee's name) deal with his/her drug/alcohol addiction problem.

2. That the company will conditionally reinstate (employee's name) after he/she successfully completes his/her rehabilitation stay at (hospital name). (Employee's name) will be conditionally reinstated provided he/she agrees to and performs the following:

(Insert)

3. If within the next 3 years, employee is unable to perform his job duties at (employer's name) due to alcohol/drug abuse or fails to continue this alcohol/drug rehabilitation program and the conditions set forth above as outlined in Item 2 and as required by (employer's name), alcohol/drug counselor or physician, he or she will be terminated.

4. (Employee's name) understands and agrees that if he has to be admitted to a hospital or rehabilitation center again within the next three (3) years he/she will be terminated.

5. Statement of Agreement. This agreement is not an employment contract. The company is not guaranteeing employment to an employee for any term of employment, and may terminate the employee at any time without notice. Likewise, the employee may terminate his/her employment with the company at any time without explanation. Where there is a job available and the employee complies with the terms of the employee assistance program, the employee will be conditionally reinstated for an indefinite term, as long as that reinstatement is consistent with the business needs of the company.

Signed _____
Supervisor

Signed _____
Employee

Date _____

Date _____

