



Wayne County Department of Personnel/Human Resources JOB DUTY ASSESSMENT REVIEW

The purpose of this form is to provide a guide to document objective observations for uncharacteristic workplace behavior. The document is a tool to assist Supervisors/Managers and is to remain confidential and only shared with those with a business need.

This form is to be completed promptly by the Supervisor/Manager of a Wayne County employee when the employee is displaying behavioral or performance issues affecting their job performance or the employee's statements or actions cause concern for the employee's health and safety or the safety of others in the workplace. This will start the process for a formal referral to the Employee Assistance Program (EAP) and/or other appropriate action (e.g., Fitness for Duty Assessment, leave of absence, substance screening). (PLEASE PRINT)

EMPLOYEE INFORMATION

Name: _____ Employee ID: _____

Position: _____ Shift: _____

Department: _____ Division: _____

SUPERVISOR/MANAGER

Supervisor/Manager's Name: _____

Department: _____ Division: _____

Position: _____ Phone: _____

Email: _____ Work cell#: _____

ACTIONS OR OBSERVATIONS

Observed demeanor **Behavioral** **Direct or Indirect Threat** **Witnesses**
(e.g., profanity, erratic, threatening, hostile, shouting, mute, incoherent, pale, sweaty, flushed, attendance, performance)

Have you approached the employee or been formally made aware of any issues?

Yes No **Explain:**

Please describe objective evidence of the specific incident(s) or observation(s) to warrant the need for this referral (***must be job related and consistent with business necessity***). Please provide any supporting documentation related to the incident(s) including dates/times. Feel free to attach additional pages if necessary.

Check all that apply:

<u>Appearance</u>	<u>Behavior</u>	<u>Speech</u>
<input type="checkbox"/> Bloodshot or water eyes <input type="checkbox"/> Flushed or very pale complexion <input type="checkbox"/> Extensive sweating/skin clamminess <input type="checkbox"/> Dilated or constricted pupils <input type="checkbox"/> Disheveled clothing/unkept grooming <input type="checkbox"/> Unfocused, blank stare <input type="checkbox"/> Runny or bleeding nose <input type="checkbox"/> Jerky eye movement <input type="checkbox"/> Body Odor	<input type="checkbox"/> Fidgety/agitated <input type="checkbox"/> Irregular breathing <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Slow reactions <input type="checkbox"/> Unstable walking <input type="checkbox"/> Poor coordination <input type="checkbox"/> Hand tremors <input type="checkbox"/> Suspicious, paranoid <input type="checkbox"/> Depressed, withdrawn <input type="checkbox"/> Lackadaisical attitude <input type="checkbox"/> Irritable, moody <input type="checkbox"/> Extreme fatigue	<input type="checkbox"/> Slurred or slowed speech <input type="checkbox"/> Loud, boisterous <input type="checkbox"/> Incoherent, nonsensical <input type="checkbox"/> Repetitious, rambling <input type="checkbox"/> Rapid, pressured <input type="checkbox"/> Excessive talkativeness <input type="checkbox"/> Exaggerated enunciation <input type="checkbox"/> Cursing, inappropriate speech <input type="checkbox"/> Inability to concentrate <input type="checkbox"/> Impulsive, unusual risk-taking <input type="checkbox"/> Delayed decision-making <input type="checkbox"/> Reduced alertness

Is the employee still working Yes No If no, please explain:

Employee's last day worked:

Employee's next scheduled shift:

Have you consulted with your Wayne County HR Liaison (HRL)/Business Partner (HRBP) Yes No

If yes, please provide HRL/HRBP's name:

Print / Signature: _____

Witnesses: Name/Classification: _____

Date: _____

Please return promptly to P/HR Disability Administration: Fax-313.967.1243 or disability@waynecounty.com

For P/HR Disability Administration:	Referral To EAP or IME:	Contact Person:
Referral Information:		
Check List-reminders:		
<ul style="list-style-type: none"> • Review CBA and check accrual balances. • Is drug/alcohol testing warranted? • Is a Leave of Absence needed? <ul style="list-style-type: none"> ○ Administrative - Paid or Unpaid (duration should not exceed 2 weeks without P/HR Director and Department approval ○ Start date: ○ Is there a reason to initiate Medical Leave (hospitalization, FMLA notices) ○ Do we have medical documentation from treating physician(s)? • Do we need to discuss Reasonable Accommodation? 		
Follow Up date:		

Employee Assistance Program (EAP) (voluntary)

EAP is a professional counseling and referral service designed to help employees with their personal family or job issues. It's free, voluntary, and strictly confidential. Employees can contact our EAP vendor at any time to start their own confidential case.

Employee Assistance Program (EAP) mandatory

A mandatory EAP referral may be required by P/HR in certain situations. We will partner with our employee and EAP vendor to help coordinate the appointment. This includes contacting the employee to complete and return the signed release forms and follow up with the EAP vendor on compliance with the required participation. The employee is generally required to contact EAP in a specified timeframe (usually within 24-48 hours), and complete up to 5 mandatory EAP sessions. The employee will work with P/HR Disability Administration and in some instances the employee may also be required to attend a Fitness for Duty Evaluation.

Fitness For Duty Evaluation (FFDE) (generally mandatory)

A mandatory FFDE may be required by P/HR in certain situations. The FFDE is a medical assessment that determines if an employee can safely and effectively perform the essential functions of their job, with or without a reasonable accommodation, in a manner that does not pose a direct threat. FFDES' can be performed on employees who are currently working or returning to work. These evaluations are conducted when a circumstance occurs that may impair an employee from successfully doing their job (*must be job related and consistent with business necessity*). FFDES' can include a variety of medical and physical testing designed to match the employees' position, and their physical, mental, and emotional abilities.

Independent Medical Exam (IME) (generally mandatory)

An IME may be required by P/HR in certain situations. An IME is performed by an independent physician and focuses on medical diagnosis to assess the employee's health. IME's may be required to validate compensation or disability claims, medical conflicts, or to determine if an employee is fit for work.