

Fitness for Duty

West Virginia University is committed to providing a safe workplace for all members of the University community. In order to do this, employees must be able to perform their duties in a safe, secure, productive, and effective manner, remaining able to do so throughout the entire time they are working.

There are times, however, that behaviors are observed in the workplace that call into question whether or not an employee is fit for the duties of his/her position. Employees who are not fit for duty may present a safety hazard to themselves, other employees, University property, or the public.

Because of these issues, the Division of Human Resources Employee Relations, offers this guide and checklist to assist supervisors in addressing these situations.

Supervisor's Quick Reference Guide

- **Employee is threatening his/her safety or that of others.**
Call University Police for immediate assistance at 304-293-3136 (available 24/7).
- **Employee is injured or exhibiting extreme physical symptoms.**
Call 911 immediately and request medical assistance.
- **Employee is suspected to be impaired (non-DOT covered position).**
 - 1) Document the specifics and complete the Observed Behavior Checklist found on the back of this document. The Observed Behavior Checklist is also available at <http://employeerelations.hr.wvu.edu/home> If at all possible, have a witness observe the employee's behavior.
 - 2) Contact Employee Relations to review the observed behaviors. Move the employee to a private and confidential area. Ask the employee at this time if he/she has been drinking or is under the influence of illegal or prescription drugs.
 - 3) The supervisor and Employee Relations will make the determination of whether or not the employee should be removed from duty.
 - 4) The supervisor will arrange transportation home for the employee, at University expense (via taxi, University Police, relative, other). At no time should a supervisor or fellow employee transport the individual on their own. Strongly discourage the employee from driving himself/herself home.
 - 5) The supervisor and Employee Relations will discuss the next steps which may include any or all of the following: referral to Faculty Staff Assistance Program, referral to Medical Management, disciplinary action.
 - 6) Before the employee is permitted to return to work, a meeting will be held with the employee, supervisor and Employee Relations.

Employee Relations
304-293-5700 x5
After hours: 304-692-4636

West Virginia University – Division of Human Resources OBSERVED BEHAVIOR CHECKLIST

Employee name: _____ Employee ID#: _____

Date of observation: _____ Time of observation: From _____ AM PM (check one)

Location of Incident: _____ To _____ AM PM (check one)

PLEASE CHECK ALL OBSERVATIONS THAT APPLY:

1. Are alcohol, drugs and/or drug paraphernalia present? Yes No (check one) Specify, if yes: _____

2. Did the employee admit to the use of drugs or alcohol? Yes No (check one) Specify, if yes: _____

3. Appearance:	<input type="checkbox"/> Normal	<input type="checkbox"/> Drowsy or sleepy	<input type="checkbox"/> Flushed
	<input type="checkbox"/> Messy	<input type="checkbox"/> Bloodshot eyes	<input type="checkbox"/> Dilated/Constricted pupils
	<input type="checkbox"/> Profuse sweating	<input type="checkbox"/> Puncture marks	<input type="checkbox"/> Runny nose/sores
	<input type="checkbox"/> Tremors/shaking	<input type="checkbox"/> Inappropriate wearing of sunglasses	<input type="checkbox"/> Odor of alcohol
	<input type="checkbox"/> Other (specify):		<input type="checkbox"/> Odor of marijuana

4. Behavior/Speech:	<input type="checkbox"/> Normal	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Changed volume of speech
	<input type="checkbox"/> Confused	<input type="checkbox"/> Slurred speech	<input type="checkbox"/> Slowed speech
	<input type="checkbox"/> Unable to concentrate	<input type="checkbox"/> Silent	<input type="checkbox"/> Aggressive behaviors
	<input type="checkbox"/> Weepy	<input type="checkbox"/> Unreasonably defiant	
	<input type="checkbox"/> Other (specify):		

5. Awareness:	<input type="checkbox"/> Normal	<input type="checkbox"/> Confused	<input type="checkbox"/> Excessive excitement
	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Lack of coordination	<input type="checkbox"/> Change in energy level
	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Unexplained changes in mood	<input type="checkbox"/> Unauthorized frequent breaks
	<input type="checkbox"/> Other (specify):		<input type="checkbox"/> Agitated or Nervous

6. Motor Skills:	<input type="checkbox"/> Normal	<input type="checkbox"/> Swaying	<input type="checkbox"/> Falling
	<input type="checkbox"/> Staggering	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Reaching for support
	<input type="checkbox"/> Unable to maintain balance		
	<input type="checkbox"/> Other (specify):		

7. Other Observed Actions or Behaviors (specify): _____

Check all that apply:	<input type="checkbox"/> Relieved employee from duties and removed from work site
	<input type="checkbox"/> Implemented safe transportation plan, <input type="checkbox"/> Informed employee of process for returning to work if necessary

Completed by: _____ Date: _____
(Print Name) (Signature) (Title)

Witnessed by: _____ Date: _____
(Print Name) (Signature) (Title)

This document must be prepared and signed within 24 hours of the observed behaviors and the original must be returned to Human Resources. In the case of employees subject to Department of Transportation drug testing, this must be prepared and signed within 24 hours or before the results of the drug tests are released, whichever is earlier. (49 CFR 391.99(d)).

For HR Use ONLY: This form received and reviewed by: _____ Date: _____ Name Date
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