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AFSCME Reasonable Suspicion Process & Notification Form

This form should be used to determine and communicate reasonable suspicion PRIOR to testing an employee. If reasonable suspicion is found, this document may also be used to notify employees that 1) reasonable suspicion has been established according to University of Toledo Policy 3364-25-105: Drug and alcohol abuse, and 2) that they are being ordered to submit to a random drug and/or alcohol test in accordance with University procedure 3364-25-105.1 and UT/AFSCME Collective Bargaining Agreement Article 54.

AFSCME employees have the right to union representation during the interview.

Date: _____ Time: _____ AM / PM

Employee being observed (please print): _____

Check One:

Title: _____ Probationary _____ Non-Probationary

Please note all observed on-duty behavior and physical signs or symptoms, which leads UT to reasonably believe that the employee above has recently used, or is under the influence of alcohol and/or drugs (check all that are applicable):

Location of Observation: _____

PHYSICAL INDICATORS

APPEARANCE

- Messy
- Dirty | Stained Clothing
- Burns on Person | Clothing
- Ripped | Torn Clothing
- Odor on Person | Clothing
- Partially Dressed
- Appears Normal

EYES

- Watery
- Bloodshot
- Glassy
- Droopy Eye Lids
- Closed
- Appears Normal

FACE

- Red
- Runny Nose
- Dry Mouth
- Pale
- Slobbering
- Grinding Teeth
- Sweaty
- Cuts | Abrasions
- Appears Normal

BREATH | ODOR

- Alcoholic Beverage
- Strong
- Chemical
- Mild
- Faint
- Nothing Noticeable

Notes:

SPEECH INDICATORS

- Shouting
- Rapid
- Appears Normal
- Slow
- Whispering
- Incoherent
- Thick | Slurred
- Silent
- Repetitive
- Rambling
- Profane

Notes:

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BEHAVIORAL INDICATORS

DEMEANOR

- Cooperative Polite Calm
- Drowsy Crying Silent
- Talkative Excited Sarcastic
- Fighting Anxious Mood Swings
- Disoriented Inattentive Appears Normal

ACTIONS

- Fighting Profane Erratic
- Hostile Threatening
- Hyperactive Non-Communicative
- Appears Normal

Notes:

PERFORMANCE INDICATORS

STANDING

- Swaying Falling Locked Knees
- Rigid Rapid Feet Wide Apart
- Unbalanced Sagging at Knees
- Appears Normal

WALKING

- Stumbling Staggering Swaying
- Unsteady Holding On Rigid
- Stiff Legged Appears Normal

Notes:

Names of Informants and/or sources of information, if any: _____

Please summarize the specific facts and circumstances about the employee's behavior and your observations, including examples (attach additional sheets, if necessary):

OBSERVERS: Must be by at least two supervisors or higher ranking officials.

Observed by University Supervisor

Name: _____ Title: _____

Observed by a Higher Ranking Employee or second University Supervisor

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

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The University of Toledo Official Giving the Direct Order for Employee to be Tested:

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

The employee is being ordered to submit to the following:

- BREATHALYZER** designed to detect the presence of alcohol and/or a

- TOXICOLOGY TEST/URINE TEST** designed to detect the presence of chemical adulteration, marijuana metabolites, cocaine metabolites, opiates, amphetamines and phencyclidine

Refusal to submit to urine or breath testing after being properly ordered to do so may result in disciplinary action up to and including termination of your employment.

For Toxicology Tests/Urine Tests only, you will be deemed to be on leave with pay for the balance of the work day and until further notice.

The signatures below indicates your acknowledgement of this information and is not necessarily indicating your agreement.

Signature of Employee

Date

Signature of Union Representative

Date