

REASONABLE CAUSE DETERMINATION FORM

Employee's Name: _____

School: _____ Date(s): _____

KNOWING THE SIGNS

The indicators listed below are "warning signs" of drug and/or alcohol abuse and may be observed by administrators/supervisors (as applicable.) Check all signs you may notice:

Moods

- Depressed
- Anxious
- Irritable
- Suspicious
- Complains about others
- Emotional unsteadiness (i.e. outbursts of crying)
- Mood changes after lunch or break

Actions

- Withdrawn or improperly talkative
- Spends excessive amount of time on the telephone
- Argumentative
- Exaggerated sense of self-importance
- Displays violent behavior
- Avoids talking with supervisor regarding work issues
- Each employee must be classified as either an exempt or a non-exempt employee.

Absenteeism

- Acceleration of absenteeism and tardiness, especially Mondays, Fridays, before and after holidays
- Frequent unreported absences, later explained as "emergencies"
- Unusually high incidence of colds, flu, upset stomach, headaches
- Frequent use of unscheduled vacation time
- Leaving work area more than necessary (i.e., frequent trips to water fountain and bathroom)
- Unexplained disappearances from the job with difficulty in locating employee
- Requesting to leave work early for various reasons

Accidents

- Taking of needless risks
- Disregard for safety of others
- High than average accident rate on and off the job

OBSERVING AND DOCUMENTING CURRENT INDICATORS

Patterns of any of the above conduct or combinations of conduct may occur but must be accompanied by indicators of impairment in order to establish "reasonable cause." Please check all indicators listed below that are **currently** present:

- | | |
|--|---|
| <input type="checkbox"/> Constricted pupils | <input type="checkbox"/> Drowsiness |
| <input type="checkbox"/> Dilated pupils | <input type="checkbox"/> Odor of alcohol |
| <input type="checkbox"/> Scratching | <input type="checkbox"/> Nasal secretion |
| <input type="checkbox"/> Red or watering eyes | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Involuntary eye movements | <input type="checkbox"/> Muscular incoordination |
| <input type="checkbox"/> Sniffles | <input type="checkbox"/> Unconsciousness |
| <input type="checkbox"/> Excessively active | <input type="checkbox"/> Inability to verbalize |
| <input type="checkbox"/> Nausea or vomiting | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Flushed skin | <input type="checkbox"/> Argumentative |
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Difficulty concentrating |
| <input type="checkbox"/> Yawning | <input type="checkbox"/> Slurred speech |
| <input type="checkbox"/> Twitching | <input type="checkbox"/> Bizarre behavior |
| <input type="checkbox"/> Violent behavior | <input type="checkbox"/> Needle marks |
| <input type="checkbox"/> Possession of paraphernalia (such as syringe, bent spoon, metal bottle cap, medicine dropper, glassine bag, paint can, glue tube, nitrite bulb, or aerosol can) | |
| <input type="checkbox"/> Possession of substance that appears to possibly be a drug or alcohol | |
| <input type="checkbox"/> Other _____ | |
-

DETERMINING REASONABLE CAUSE

If you are able to document one or more of the indicators above, ask yourself these questions to establish reasonable cause:

- | Yes | No | |
|-----|-----|--|
| () | () | Has some form of impairment been shown in the employee's appearance, actions or work performance? |
| () | () | Does the impairment result from the possible use of drugs or alcohol? |
| () | () | Are the facts reliable? Did you witness the situation personally, or are you sure that the witness(es) are reliable and have provided firsthand information? |
| () | () | Are the facts capable of documentation? |
| () | () | Is the impairment current, today, now? |
| () | () | Have the impairment indicators been observed by more than one administrator or supervisor? |

Do NOT proceed with reasonable cause testing unless ALL of the above questions have been answered YES.

TAKING ACTION

- | | |
|---|---|
| <input type="checkbox"/> Reasonable cause established | <input type="checkbox"/> Reasonable cause NOT established |
|---|---|

Prepared by: _____

Administrator/Supervisor Signature: _____