

## 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- Withdrawn or improperly talkative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

#### **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:

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

- Reasonable cause established
- Reasonable cause NOT established

Prepared by: \_\_\_\_\_

Administrator/Supervisor Signature: \_\_\_\_\_