

Supervisor Work Function Observation Form

Employee's Name: _____

Today's Date: _____

Employee's Job Classification: _____

Supervisor's Name: _____

List of work-related requirements, essential and ancillary functions, including any relevant environmental factors (cold, hot, noise levels)

OBSERVATIONS	CHECK ALL THAT APPLY	DESCRIBE EVENTS/OBSERVATIONS
COGNITIVE		
Slow or appears to have the inability to learn and retain new information		
Fails to comprehend and follow simple verbal or written instructions		
Fails to make effective, independent decisions		
Decline in productivity; missing deadlines; frequently requires assistance		
Lack of motivation; difficulty concentrating or staying on task		
Trouble adapting to new or changing workplace routines		
Failure to remember or adhere to the usual workplace policies, and rules		
Unusual worry or fear		
PHYSICAL		
Onset of attendance issues; tardiness, unscheduled breaks; excessive absences		
Appears fatigued, tired; unusually low energy		
Cannot meet the physical demands of job duties (stand/walk/sit/drive/lift)		
Observed difficulty in visual/hearing/speaking/breathing		

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Onset stumbling/uncoordinated		
PHYSICAL (CONTINUED)		
Failure to get along with coworkers; relates to others with undue irritability; mood swings		
Exudes suspicious/paranoid or anxious behavior; appears nervous or restless, i.e., paces back and forth, appears fidgety		
Appears withdrawn/unresponsive; has low levels of engagement; avoids or retreats from interaction		
Engages in speech to harm self or others; Self -disparaging talk such as “I hate myself or why do I go on living,”; Voices hopelessness		
APPEARANCE		
Flushed or pale complexion		
Cold/clammy/sweating		
Tearing or bloodshot eyes		
Dilated (large) or constricted (small) pupils		
Disheveled or inappropriate clothing		
Personal hygiene; distinct smell; unkempt grooming		
SPEECH		
Slurred/thick		
Exaggerated enunciation		
Inappropriate outburst (loud/excessive/nonsensical)		
Nonsensical self-talk		
Nonsensical emails in or outside of work hours to coworkers or superiors		

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Other observations related to the employee's functioning abilities:

If the observations were discussed with the employee, document the employee's response:

This assessment is based on my observations as it relates to the employee's work functioning abilities. This form was completed by:

Supervisor Signature:

Date:

Supervisor Name (Print):

Signature of witnesses who reported or observed behavior/conduct or suspected incapacity (If applicable).

Witness Signature:

Date:

Witness Print Name:

Witness Signature:

Date:

Witness Print Name:

Supervisor Observation Discussion and Documentation

Employee's Name:

Job Classification:

Name and Title of Attendees:

Name of Employee's Representative (If applicable):

Discussion Date and Time:

Date, time, and details of the incident or observations raising concerns regarding safety, health, or other work-related issues.

Employee's response to the described conduct or performance.

What steps are necessary to correct the issue(s)? Who is responsible? Date and time of follow-up meeting to discuss status. Expectations should be provided to the employee in writing.

Other relevant facts surrounding this situation.

Employee's Signature:

Signature of Attendees:

Supervisor Observation Discussion and Documentation

Guidance for Meeting with the Employee

1. The supervisor, HR representative, or other designated person should meet with the employee privately to discuss the observed behavior or performance leading to the agency's concerns. It is recommended another supervisor or other designated person be present as a witness.
2. The employee should be given an opportunity to explain the observed conduct, behavior, or performance, and all responses should be documented.
3. If the employee is exhibiting signs of impairment, such as confusion, impaired judgment, slurred speech, or diminished motor skills, the meeting should be postponed until the employee is able to participate in a meaningful discussion. The employee may be offered the opportunity to go home on paid sick or annual leave. An employee exhibiting these types of symptoms should not be permitted to drive. The employee may arrange for transportation, or if medically necessary, 911 should be contacted to request an ambulance.
4. An employee may request to have representation during any meeting that may result in disciplinary action. If the employee requests representation:
 - A) If safety is not a concern, give the employee reasonable time to find a representative if requested based on the circumstances surrounding the action being contemplated.
 - B) If you are concerned about safety:
 - 1) Allow the employee to use a phone in the office to contact a representative but do not permit them to return to the workplace.
 - 2) If the employee has a representative, ask where they are traveling from (not name) so appropriate travel time may be considered. There is no prescribed amount of time for how long the employee has to find a representative, so a decision must be made on what is reasonable. The employee may wait there or be escorted to another area and monitored constantly until the representative arrives.
5. During the meeting, be clear that the intent is to maintain a productive and safe working environment. Focus on solutions and outline what each party will do to correct the issue(s). Based on the employee's response, agencies may need to consider any obligations under federal and state laws such as the Family and Medical Leave Act (FMLA), the Pregnant Workers Fairness Act (PWFA), the West Virginia Parental Leave Act (PLA), and the Americans with Disabilities Act (ADA). For confidentiality, the employee's immediate supervisor should not be included in discussions regarding an employee's medical condition(s), diagnosis, or disability. The discussion may need to occur more than once. If necessary, determine a time to meet again.
6. If the employee refuses to cooperate, inform the employee the agency has the authority to require his or her participation, and refusal to cooperate and obey a lawful directive constitutes insubordination subject to disciplinary action.