

SUPERVISOR/EMPLOYER REPORT

Report Due: Monthly for the first 6 months of full compliance and then quarterly thereafter.

**ATTN:DOPL COMPLIANCE UNIT
PO BOX 146741
SALT LAKE CITY UT 84114-6741**

Case #: _____
 Name of Probationer: _____
 Profession: _____
 Employer: _____
 Address: _____

 Direct Supervisor: _____
 Job description/duties: _____

1. Have you read the conditions of probation? Yes No.
If No, please ask the probationer for a copy and read it before submitting this document.

	Excellent	Above Average	Average	Below Average	Unacceptable	Don't Know or NA	Comments:
2. Interpersonal relationships							
3. Dependability							
4. Attendance							
5. On-the-job judgment							
6. Leadership ability							
7. Response to constructive criticism							
	Yes	No	Comments:				
8. Evidence of impairment on the job?							
9. Were random urines obtained?							If Yes, what were results?
10. Access to controlled substances?							
11. Access to customer/client funds or property?							
12. Were there any disciplinary problems?							
13. Have there been any reportable complaints from coworkers or customers?							
14. As the employer/supervisor I am ensuring that the limitations and restrictions outline the conditions of probation are being followed.							

ADDITIONAL COMMENTS:

 Supervisor Signature

(____) ____-____
 Phone Number

____/____/____
 Date

This document may be uploaded to Affinity or submitted by FAX to (801) 530-6404.