

# SUPERVISOR/EMPLOYER REPORT

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

Case #: \_\_\_\_\_

Name of Probationer: \_\_\_\_\_

Profession: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

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.

Employer\_report\_general (revised 11/7/2017)