

# SUPERVISOR/EMPLOYER REPORT

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

**Please provide DOPL case number (required).**

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

**Case #:** (found on Stipulation): \_\_\_\_\_

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

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

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

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

Direct Supervisor: \_\_\_\_\_

Job Description/Duties: \_\_\_\_\_

1. Have you signed the MOU, and read the conditions of probation? Yes

*If No, please ask the probationer for a copies prior to 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