

Reasonable Suspicion Process Packet for Supervisors

Use this packet to guide you through the process when you suspect an employee is under the influence of drugs or alcohol while at work.

Steps for supervisors -

1. If you suspect an individual is under the influence, use the attached “Reasonable Suspicion Observation Form” on pages 3 and 4 of this packet.
2. Ask another member of leadership to fill out the observation form as well.
3. Compare the observations with each other.
 - a. If observations are similar and there is reasonable suspicion (2 or more signs) that the employee is under the influence – continue with step 4.
 - b. If they do not match and there is **not** reasonable suspicion, notify your PeopleOps Business Partner of performance/behavior issues that may have caused this suspicion.
4. Notify your Ops Director and PeopleOps Business Partner that you will be speaking with an employee and requesting the employee accompany you to the testing center due to reasonable suspicion.
5. Speak to employee about your suspicion.
 - a. If they admit to being under the influence, still proceed with testing.
 - b. If they do not agree to be tested – follow termination process for non-compliance.
 - c. If they agree to be tested – continue to step 6.
6. Contact the appropriate testing center to schedule the employee as soon as possible to receive both drug & alcohol testing.
 - *By notifying the facility that the screen is for a reasonable suspicion, they will increase their security measures.*
 - *Notify the facility of the employee’s gender identity. The facility should have a staff member available that aligns with the employee’s stated gender identity to observe the test. If no such staff member is available, it is acceptable for the test to be unobserved.*
 - *Employee will need to take a photo ID with them to the testing center. If they don’t have their ID, you can confirm their identity as their supervisor.*

Grand Junction	Montrose/Delta
PROCOM 1330 N. 12 th Street Grand Junction, CO 81501 <i>Mon – Thurs: 8am – 5pm</i> <i>Fri: 8am – 4pm</i> 970-256-7772 970-234-4538 (After Hours)	Drug Testing Inc (DTI) 26 S. Stough Ave Montrose, CO 81401 <i>Mon – Fri: 8am – 5pm</i> <i>Sat: 9am – 11am</i> 970-249-1113 970-497-4595 (After Hours)

7. Arrange transportation for the employee to go to the testing center. You have two choices:
 - a. Taxi/Ride Share service: If you use a taxi/ride share service, follow the vehicle to the testing center.
 - b. If you feel it is safe to do so, you may transport the employee yourself; however, it is very important you take another member of leadership with you. If you are approved to drive a Hilltop vehicle and can access one, please use this option first. If you use your personal vehicle, please note that in the case of an accident, due to state law, your

vehicle insurance policy will be deemed “primary” and Hilltop’s will be deemed “secondary”. If you are concerned about this, please consult your insurance provider ahead of time.

8. Results are received; the original chain of custody and results are provided to supervisor.
 - a. If results are pending or positive – place the employee on administrative leave (see page 5 and 6 for the forms) immediately. Continue to step 9.
 - b. If results are negative – employee may return to work. Work with your PeopleOps Business Partner on performance/behavior issues that may have caused this suspicion.
9. Supervisor will arrange transportation for the employee to go home. *(Under no circumstances should you drive the employee’s vehicle. Employee is responsible for making arrangements to have their vehicle picked up from Hilltop’s property.)*
10. Work with PeopleOps Business Partner on documentation for next steps (termination, corrective action, etc). Provide the original chain of custody and results to People Ops Business Partner.
11. Scan and email completed packet and related documents to PeopleOpsLeadership@htop.org.

REASONABLE SUSPICION OBSERVATION FORM

Supervisors should use this form to document all reasonable suspicion behaviors.

Employee Name: _____

Department: _____

Title: _____

Supervisor Name: _____

Date of Observation: _____ Time of Observation: _____

Describe what first led you to believe this employee should have a drug or alcohol test.

Please check ALL the factors that describe the employee's behavior or characteristics.

BEHAVIOR:

- | | | |
|--|---|--|
| <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Drowsy/Sleeping | <input type="checkbox"/> Forgetful |
| <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Inappropriate Laughter | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Aggressive/Combative/Fighting | <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Glaring/Threatening |
| <input type="checkbox"/> Damaged/Destroyed Property | <input type="checkbox"/> Risk Taking | <input type="checkbox"/> Bizarre/Irrational |
| <input type="checkbox"/> Unresponsive, distracted | <input type="checkbox"/> Suspicious/ Paranoid | <input type="checkbox"/> Hostile/Withdrawn |

ALERTNESS:

Unresponsive	Lethargic	Normal	Agitated	Hyper
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SPEECH:

- | | | |
|---|--|--|
| <input type="checkbox"/> Shouting/Loud | <input type="checkbox"/> Rambling/Confused | <input type="checkbox"/> Slowed Speech |
| <input type="checkbox"/> Incomplete Sentences | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Slurred Speech |
| <input type="checkbox"/> Profanity/Verbal Abuse | <input type="checkbox"/> Rapid Speech | <input type="checkbox"/> Cotton Mouth/Mush Mouth |

WALKING/COORDINATION:

- | | | |
|---|---|---|
| <input type="checkbox"/> Awkward/Unsteady | <input type="checkbox"/> Staggering | <input type="checkbox"/> Slowed Reaction Time |
| <input type="checkbox"/> Loss of Coordination | <input type="checkbox"/> Cannot walk unassisted | <input type="checkbox"/> Stumbled |
| <input type="checkbox"/> Clumsy | <input type="checkbox"/> Twitching | <input type="checkbox"/> Swaying |

PHYSICAL SIGNS/ APPEARANCE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Change in appearance | <input type="checkbox"/> Hygiene Issues | <input type="checkbox"/> Trembling/Shaky |
| <input type="checkbox"/> Smell of alcohol | <input type="checkbox"/> Smell of marijuana | <input type="checkbox"/> Disheveled |
| <input type="checkbox"/> Needle tracks | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Nose sores/ nose rubbing |

EYES:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Bloodshot | <input type="checkbox"/> Unusual eye movement | <input type="checkbox"/> Glassy Eyes |
| <input type="checkbox"/> Stares Blankly | <input type="checkbox"/> Enlarged or Tiny Pupils | <input type="checkbox"/> Watery Eyes |

MISCELLANEOUS:

- ☐ Presences of alcohol and/or drugs in associates' possession or vicinity.
- ☐ Employee admission concerning alcohol use and/or drug use or possession.

Were there any witnesses to the employee's behavior?

- 1) _____
- 2) _____

Other Observations:

Employee's explanation of reasons for his/her conduct:

- | | |
|--|--|
| <input type="checkbox"/> Employee has agreed to testing. | <input type="checkbox"/> Employee has refused testing. |
|--|--|

SUPERVISOR SIGNATURE

DATE

WITNESS SIGNATURE

DATE

ADMINISTRATIVE LEAVE NOTIFICATION

Employee: _____

Date: _____ Program: _____

Re: Administrative Leave During an Investigation

A serious allegation was reported that named you as possibly being involved in inappropriate actions, boundaries, and/or contact with another Hilltop staff member, vendor, participant or residents under Hilltop's care. These allegations are listed below. A full investigation of these allegations will be conducted.

Summary of allegation(s):

Due to the nature of the allegation(s), we are placing you on Administrative Leave.

To maintain the integrity of the investigation and the safety of all involved, we ask you to follow these guidelines:

1. Refrain from coming on to any Hilltop campus, unless directed by your supervisor or investigating party;
2. Direct any questions you have to the investigating party or the appropriate Hilltop manager;
3. Be available during your previously and/or normally scheduled shifts to fully participate in the investigation. You may be asked to supply in writing your response to the allegations.

Hilltop Manager/Phone Number

Investigating Party/Phone Number

Investigations will be conducted within 72 hours of your being placed on administrative leave. You will be paid for missed shifts that occur during the internal investigation with the expectation you will remain available and fully and honestly participate in the investigation process.

If the allegations are not substantiated, you will be asked to return to work. If the allegations are substantiated or if an external investigation is required, appropriate actions will be determined and taken.

Cooperation with these guidelines is essential to ensure a fair and accurate resolution to this investigation. If your actions do not follow the guidelines and/or impede the investigation, this may result in termination of employment with Hilltop.

The above information has been reviewed with me and I understand it is my responsibility to adhere to its content.

Employee Signature

Date

Supervisor Signature

Date

Witness Signature

Date