

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190
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Madison, WI 53705
Email: DSPSMonitoring@wi.gov
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PROFESSIONAL ASSISTANCE PROCEDURE

WORK SUPERVISOR REPORT FORM

Complete this form and submit it to PAP on or before each quarterly due date. You may copy this blank form so you have forms for future reports. It is recommended you keep a copy of each completed form for your files.

Name of Employee: _____
Last First Middle

Place of Employment: _____
Name of Employer Type of Facility

Address of Employment: _____
Street City State Zip Code

Employee's Job Title: _____

Date Report is Due: _____ Dates of Employment: _____
Month / Day / Year Month / Day / Year

Hours of Employment: _____ Full-time? Yes No
Part-time? Yes No

Name and Position of Immediate Supervisor: _____
Last First Middle

1. Describe the employee's job responsibilities in the last 3 months.

2. Describe the employee's quality of work in the last 3 months.

3. Does this employee have access to controlled substances? Yes No
Does this employee administer controlled substances? Yes No
Does this employee dispense controlled substances? Yes No
Have there been any problems with this? Yes No
If yes, describe further.

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4. Describe attendance problems in the last 3 months.

5. Describe employee's relationships with others (patients, clients, coworkers) in the last 3 months.

6. Has this employee had a work performance evaluation during the last 3 months? Yes No
If yes, enclose a copy. _____

7. To the best of your knowledge, do you believe this employee is remaining abstinent from all mood-altering substances, including alcohol? Yes No
If no, explain further.

8. List others at your facility involved in monitoring this employee.

Name: _____	_____	_____	_____
Last	First	Middle	Title
Name: _____	_____	_____	_____
Last	First	Middle	Title
Name: _____	_____	_____	_____
Last	First	Middle	Title

9. Additional comments, questions or concerns:

Signature

Date

Print Name

Phone Number

Return the completed form to "PAP" at the above address. (Attach additional sheets if necessary.)