

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190  
Madison, WI 53707-7190  
FAX #: (608) 266-2264  
Phone #: (608) 266-2112

4822 Madison Yards Way  
Madison, WI 53705  
Email: DSPSMonitoring@wi.gov  
Website: http://dsps.wi.gov

## MONITORING

### WORK REPORT FORM

If you have any questions regarding this report, please contact the Monitor at 608-267-3817.  
Please provide as much detail as possible (use back of page or additional sheets, if necessary).

*This form is to be completed by the supervisor, not the employee.*

Employee's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Last Hire Date: \_\_\_\_\_ Employee's Position Title: \_\_\_\_\_

Full-time       Part-time      Number of hours per week: \_\_\_\_\_

Shift:       Days       Evenings       Nights       Rotates

Attendance: Number of days absent in the past three months: \_\_\_\_\_

No pattern of absence       Pattern of absence      Describe: \_\_\_\_\_

Number of days tardy in the past three months: \_\_\_\_\_

No pattern of tardiness       Pattern of tardiness      Describe: \_\_\_\_\_

Quality of Work:       Outstanding       Satisfactory       Needs Improvement

Comments:

Interpersonal relationships with co-workers:       Very good       Satisfactory       Needs Improvement

Comments:

Individual evaluation conference held in past three months?       Yes       No

Outcome:

Has this employee provided their immediate supervisor with a copy of the Board's Final Decision and Order and any subsequent orders in a timely manner?       Yes       No

If no, please explain:

# Wisconsin Department of Safety and Professional Services

To the best of your knowledge has the licensee been in compliance with the terms of their Order?

Yes       No

If no, please explain:

To the best of your knowledge has the licensee been in compliance with the laws and rules governing the practice of the profession?       Yes       No

If no, please explain:

Please indicate the level of supervision under which the employee works:

- Unsupervised
- General Supervision (supervisor regularly coordinates, directs, and inspects employee's work.)
- Direct Supervision (supervisor is on the premises and immediately available to coordinate, direct and inspect employee's work.)
- Varies (please describe below)

Does the employee have access to controlled substances?     Yes       No

If yes, please indicate:

a) Type of Access (direct/indirect, unsupervised/supervised): \_\_\_\_\_

b) Have there been any issues or discrepancies in the last quarter?     Yes       No

If yes, describe:

To the best of your knowledge, do you believe the employee is maintaining abstinence from all mood altering chemicals, including alcohol?     Yes       No       Unsure

If you answered No or Unsure, please explain:

# Wisconsin Department of Safety and Professional Services

If the order requires specific information or responses, please enter here. Use the back of the form or additional paper, if necessary.

Any further comments, questions or problems? (Please attach additional sheets)

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Supervisor and Title

\_\_\_\_\_  
Supervisor's License Number

\_\_\_\_\_  
Supervisor's Place of Employment

\_\_\_\_\_  
Name and address of treatment facility

\_\_\_\_\_  
Phone number

Please feel free to attach any additional information you wish to bring to the Monitor's attention.

Please mail, fax, or email this form every three months to:

**ATTN: Department Monitor  
Wisconsin Department of Safety and Professional Services  
PO Box 7190  
Madison, WI 53707-7190  
Fax (608) 266-2264  
dspsmonitoring@wi.gov**