

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 7190
Madison, WI 53707-7190
FAX #: (608) 266-2264
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Madison, WI 53705
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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 his/her 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: _____

To the best of your knowledge has the licensee been in compliance with the terms of his/her 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: _____

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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: _____

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

Address

()
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
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Fax (608) 266-2264
dspsmonitoring@wi.gov