

Reasonable Cause Determination (RCD-Attachment)

Employee's Name: _____ Program: _____

Date(s): _____ Observer One: _____

Time(s): _____ Observer Two: _____

Determining Reasonable Cause

Yes	No	
		Has some form of impairment been shown in the employee's appearance, actions, or work performance?
		Is the impairment immediate <input type="checkbox"/> ? recurring <input type="checkbox"/> ?
		Is the use of drugs/alcohol a possible cause for the impairment?
		Were RVCDS policy and procedure followed, including required documentation?

Taking Action

	Reasonable cause established
	Reasonable cause NOT established

Observed By:

Signature- Observer One

Date/Time

Signature – Observer Two

Date/Time

Signature- HR Coordinator

Date/Time