

## Notice to Employee for Fitness for Duty Evaluation

This form is used by the Employee and Management Relations (E&MR) Consultant and an employee's supervisor to notify the employee of the requirement to undergo a fitness for duty evaluation under the University's Fitness for Duty policy. Upon receipt of this written notice, the employee is required to complete a University Health Care Provider Release Form, allowing the Americans with Disabilities Act (ADA) Coordinator to speak with the health care professional conducting the evaluation. For further details about this process please review the University's Fitness for Duty policy and associated procedures.

Employee (name and title)

Department of Employee

Employee Classification      EHRA      SHRA      Faculty      Other

Supervisor/Manager (name and title)

Supervisor/Manager phone number

Employee & Management Relations Consultant

Today's Date

Mandatory completion date for evaluation

The evaluation will be limited to determining whether the employee can perform their essential job function(s) or whether they pose a direct threat. Below, the supervisor/manager has provided objective evidence supporting the reasonable belief that the employee has a medical condition that **(select applicable)**:

- ☐ Has or will impair performance in essential job functions;
- ☐ Will pose a direct threat; or
- ☐ Both.

Summary of the employee's conduct that supports the evaluation

Number of pages of additional supporting documentation attached

Pending the results of the evaluation, the employee will be **(select applicable)**:

Placed on Administrative Leave

An eligible employee will be temporarily relieved of their normal job responsibilities and will still receive regular pay and benefits, as outlined in the [Administrative Absence Leave Policy](#).

Temporarily reassigned to other duties, to include:

(to be determined by the supervisor/manager in consultation with the E&MR Consultant and the ADA Coordinator)

Placed on partial temporary reassignment and partially paid leave, to include:

The period of leave and/or reassignment is expected to last 30 days but, at the discretion of the University, that period may be modified with written notice to the employee.

Other options that may be available to the employee pending the results of the evaluation:

- Family Medical Leave Act (FMLA)

An eligible employee may apply to receive up to 12 work weeks in a 12 month period for unpaid job-protected leave with an approved qualified reason, as outlined in the [FMLA Policy](#).

- Sick Leave

An eligible employee may use their accumulated sick leave to cover a period of absence due to illness, injury or death in the immediate family, as outlined in the [Sick Leave Policy](#).

### **Health Care Provider and Evaluation**

☐ **The University has chosen the following health care professional to conduct the evaluation.**

*(Employee may submit information from their own health care provider for consideration.)*

Health care professional (name and job title)

Health care professional phone number

☐ **The University permits the employee to choose their own health care professional to conduct the evaluation.\***

*\*If the employee's own provider conducts the evaluation and the University determines that additional information is needed, the University may require the employee to be evaluated by a health care professional of the University's choice.*

**The questions the health care professional will be required to answer will be provided to the employee prior to the evaluation.**

## Resource

The Employee Assistance Program is a confidential counseling and resource program that is designed to help University employees and their families deal with both personal and work-related concerns. Call ComPsych toll-free 24 hours a day at 877-314-5841 or [www.guidanceresources.com](http://www.guidanceresources.com) (Web ID: TARHEELS).

**Failure to comply:** An employee who fails to undergo the evaluation as directed or fails to adhere to any condition(s) of employment established because of the evaluation, including failing to engage with any process to determine what accommodations or requirements may make the employee fit for duty may not be allowed to return to work and may be subject to disciplinary action, up to and including separation from the University, consistent with applicable University policies and procedures.

Supervisor/Manager Signature

Date

E&MR Consultant /Signature

Date

ADA Coordinator Name/Signature

Date

*The University will comply with all relevant federal and state laws related to the privacy of employee records.*