Fitness for Duty Evaluation Request Form | Manager

This form documents the reasons for requesting a fitness for duty evaluation under the University's Fitness for Duty policy. After consulting with their E&MR Consultant, a Dean, Chair, Department Head or supervisor may request a fitness for duty evaluation of an employee.

Please answer all applicable questions. Upon completion, submit the written request and attachments to the ADA Coordinator (eoc@unc.edu) and to your E&MR Consultant.

Attach additional information and relevant documentation, as necessary. Please include the employee's job description.

Employee: name and title	
Employment Classification:	☐ EHRA ☐ SHRA ☐ Faculty ☐ Not Applicable Specify:
Department of Employee:	
Supervisor/Manager: name and title	
Supervisor/Manager phone number:	
Today's Date:	
The supervisor/manager can provide objective evidence supporting the reasonable belief that the individual has a medical condition that (select applicable):	
\square Has or will impair performance in	essential job functions
\square Will pose a direct threat	
□ Both	

Objective supporting information	
Date and time:	
Summary of event(s)/ supporting information	tion:
Summary of impairment of essential job f	unctions and/or direct threat posed:
Additional observations:	
Witnesses (names and positions):	
Coordinator determines that the evaluation will provide guidance to the referring indivice coordinator determines that the evaluation	Consultant of the determination. If the ADA n may not be required, the E&MR Consultant dual on appropriate next steps. If the ADA n is required, the E&MR Consultant and the
Employee's supervisor will notify the emplo Manager Signature	oyee in writing. Date
E&MR Consultant Name/Signature	Date

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