

## **Washington and Lee University Fitness for Duty Evaluation Request Form**

This form documents the reasons for requesting a Fitness for Duty Evaluation (“FFDE”) under the University’s Fitness for Duty Policy. After consulting with HR, a Dean, Department Head, manager, supervisor, or designee (“Supervisor”) may request a FFDE of an employee/faculty/staff member (“Employee”).

After answering all applicable questions below, submit the FFDE Request Form to HR.

Your Name and Title:

Employee’s Name and Title:

Employee’s Employment Classification:

- Full Time Employee
- Part Time Employee with Partial Benefits
- Part Time Employee
- Seasonal Employee

Department of Employee:

The Supervisor can provide objective information supporting the reasonable belief that the individual has a condition that:

- Has or will impair performance in essential job functions
- Will pose a direct threat (ex. to the health and safety of employee or others)
- Both

### **Objective Supporting Information**

Summary of event(s)/ supporting information:

Summary of impairment of essential job functions or direct threat posed:

Additional observations:

Witnesses (names and positions):

Is additional supporting documentation attached?

- Yes (Please specify: \_\_\_\_\_)
- No

Supervisor Name and Title:

Supervisor Signature and Date: