



SUPERVISOR REPORT
for Registered Nurses not working with patients

(Please duplicate this form for future use)

Date: _____ Licensee: _____ Department: _____

Employer: _____ Position: _____

Is a Regulatory License Required for this Position: Yes No License Required: _____

Report for the period beginning _____ and ending _____ Month submitted for: _____
Please attach explanations for any answers you feel necessary. Please attach a current job description with the first report and with changes to the job description.

True False

- 1. This licensee is employed in a capacity for which a license is required by statute.
- 2. The licensee is working _____ (number of) hours per week.
- 3. Supervision is provided by a licensed nurse who has no license restrictions.
- 4. The supervisor notified the Nursing Peer Health Assistance / Nurse Alternative to Discipline Program by telephone within 72 hours after the commencement or termination of employment.
- 5. In the supervisor's opinion, this licensee is practicing consistent with standards of practice.
- 6. The supervisor has not noted evidence of alcohol or other substance use.
- 7. Supervisor received copy of the Rehabilitation Contract and SBON Stipulation (if applicable).

Please describe the duties and responsibilities to be carried out by the Licensee: _____

BEHAVIORAL PERFORMANCE GUIDELINES - All employees, at some time, display job performance problems. An isolated incident of coming to work late need not be a cause for alarm. However, when a Licensee displays a pattern of repeated job performance decline, the supervisor needs to take notice and report it to the Nursing Peer Health Assistance / Nurse Alternative to Discipline Program. Use the checklist below to determine if there are job performance problems.

Decline in Job Efficiency

- | Yes | No | |
|--------------------------|--------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Decrease in overall work quality |
| <input type="checkbox"/> | <input type="checkbox"/> | Inconsistent work quality (periods of high and/or low productivity) |
| <input type="checkbox"/> | <input type="checkbox"/> | Errors in judgment |
| <input type="checkbox"/> | <input type="checkbox"/> | Increased period of confusion |
| <input type="checkbox"/> | <input type="checkbox"/> | Lack of concentration |
| <input type="checkbox"/> | <input type="checkbox"/> | Unrealistic excuses for lowered work quality |
| <input type="checkbox"/> | <input type="checkbox"/> | Missed deadlines |
| <input type="checkbox"/> | <input type="checkbox"/> | Increased carelessness/mistakes |
| <input type="checkbox"/> | <input type="checkbox"/> | Tasks taking excessive time to complete or never being completed |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty handling complex tasks |
| <input type="checkbox"/> | <input type="checkbox"/> | Loss of memory |

Inconsistent Work Patterns

- | Yes | No | |
|--------------------------|--------------------------|------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Alternate periods of high and low efficiency |
| <input type="checkbox"/> | <input type="checkbox"/> | Becoming or has become less dependable |
| <input type="checkbox"/> | <input type="checkbox"/> | Doing minimal or substandard work in comparison with peers |
| <input type="checkbox"/> | <input type="checkbox"/> | Frequent requests for help with assignments |

Attitude/Mood

- | Yes | No | |
|--------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Irritability |
| <input type="checkbox"/> | <input type="checkbox"/> | Secretiveness/suspiciousness |
| <input type="checkbox"/> | <input type="checkbox"/> | Inflexibility |

Licensee: _____

Absenteeism

- | Yes | No | |
|--------------------------|--------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Repeated absenteeism (above average) |
| <input type="checkbox"/> | <input type="checkbox"/> | Pattern of Monday and Friday absenteeism or absenteeism centers around scheduled days off |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive tardiness (Monday and Friday) or after days off |
| <input type="checkbox"/> | <input type="checkbox"/> | Leaving work early |
| <input type="checkbox"/> | <input type="checkbox"/> | Repeated absenteeism due to vaguely defined illnesses, "not feeling well," "cold," "headache" |
| <input type="checkbox"/> | <input type="checkbox"/> | Improbable reasons for absenteeism |
| <input type="checkbox"/> | <input type="checkbox"/> | Unauthorized leave |
| <input type="checkbox"/> | <input type="checkbox"/> | Last minute request for leave |
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive use of sick leave |

Impaired Interpersonal Relationships

- | Yes | No | |
|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Excessive blaming of others |
| <input type="checkbox"/> | <input type="checkbox"/> | Over-reactions to co-workers |
| <input type="checkbox"/> | <input type="checkbox"/> | Avoids contact with supervisor |

Difficulty in Concentration

- | Yes | No | |
|--------------------------|--------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Assignment takes more time (despite skill/experience) |
| <input type="checkbox"/> | <input type="checkbox"/> | Difficulty in assigning priorities |
| <input type="checkbox"/> | <input type="checkbox"/> | Significant increase in error ratios |
| <input type="checkbox"/> | <input type="checkbox"/> | Omitted, illogical, incomplete, or illegible written communications |
| <input type="checkbox"/> | <input type="checkbox"/> | Deteriorating handwriting during shift or deteriorating performance |
| <input type="checkbox"/> | <input type="checkbox"/> | Errors in taking verbal or written instructions |
| <input type="checkbox"/> | <input type="checkbox"/> | Overlooking daily standard job tasks |

Comment on any areas checked: _____

Please note in narrative form any changes that you have observed in this employee since they have participated in the Nursing Peer Health Assistance / Nurse Alternative to Discipline Program: _____

Any knowledge or concern regarding this licensee's inability to practice with reasonable skill and safety must be reported to Nursing Peer Health Assistance / Nurse Alternative to Discipline Program within 24 hours at 303-369-0039.

Supervisor Signature

Date

Supervisor Name (Please Print)

Employer

Address

City, State, Zip

Phone #

E-Mail Address: _____

Reports may be submitted via:

Email: reports@peerassist.org

Fax: Last name A-L 720.213.1007
Last Name M-Z 720.213.0002

Mail: Peer Assistance Services
2170 S. Parker Road, Suite 229
Denver, CO 80231

In Person: Peer Assistance Services, Inc.
2170 S. Parker Road, Suite 229
Denver, CO 80231

or Peer Assistance Services, Inc.
200 Grand Avenue, Suite 270
Grand Junction, CO 81501