

Chapter 7

Substance Abuse/Drug Free Workplace

As stated in DSS Policy [4-08/Drug-Free Workplace](#), the Drug-Free Workplace Act of 1988 (P.L. 100-690) requires all grantees receiving grants from any federal agency to certify that they will maintain a drug-free workplace. The Department of Social Services accordingly submits an annual drug-free workplace certification to each federal agency from which the department obtains grants, certifying that it will provide a drug-free workplace and that it will make a good faith effort to continue to maintain a drug-free workplace through specified efforts and actions. As further support of the federal drug-free workplace requirements, and as a result of laws enacted by the Louisiana legislature that created drug testing programs for state employees, DSS established DSS Policy [4-3/Substance Abuse Testing for DSS Employees](#), which is applicable to all DSS employees. Supervisors should thoroughly review both of these policies, and in particular, be aware of the following responsibilities and prohibitions.

RESPONSIBILITIES

The **appointing authority or designee** is responsible for:

- administering the alcohol/drug testing program for his/her Office;
- determining when testing is appropriate;
- receiving, acting on, and holding confidential all information received from the testing services provider and from the medical review officer;
- collecting appropriate information necessary to agency defense in the event of legal challenge;
- reviewing and concurring in advance with any decision by a collection site person to obtain a specimen under direct observation. All direct observation shall be conducted by a collection site person of the same gender;
- directing an employee to have a medical evaluation, within five working days (at the agency's expense) conducted by an agency selected licensed physician with expertise in the medical issues surrounding a failure to provide a sufficient specimen. The physician will provide to the appointing authority, a report of his/her conclusions as to whether the employee's inability to provide a sufficient specimen is genuine or constitutes a refusal to test. If the conclusion of refusal to test is reached, it will be subject to the consequences of a positive test.

All **supervisory personnel** are responsible for:

- assuring that each employee under their supervision is aware of and understands DSS policies on substance abuse;
- contacting their appointing authority and/or their headquarters Human Resources Office for further instructions when notified by an employee of an arrest/conviction of a criminal drug or drug-related offense, including DWI, which occurred on or off duty;
- Obtaining the signature of a prospective employee on the DSS Conditional Offer of Employment Agreement form (attached to Policy 4-8), and providing the employee with a copy of such.

All **employees** are prohibited from:

- reporting for work, performing work, or otherwise being on any duty status for DSS with the presence of alcohol, illegal drugs, controlled substances, or designer (synthetic) drugs in their bodies at or above the initial and confirmatory testing levels as established by the State of Louisiana;
- illegal use, possession, dispensation, distribution, manufacture, or sale of controlled substances, designer (synthetic) drugs, and illegal drugs at the work site and while on official state business, on duty or on call for duty.

All **employees** are required to

- notify their supervisor prior to reporting for duty if they believe, or have been advised by a physician or pharmacist, that prescription or over-the-counter drugs/medications may impair the employee's ability to perform usual job duties;
- maintain prescription drugs in prescribed quantity and be able to produce original prescription containers, when required;
- notify their supervisor within five (5) days of any arrest or conviction of a criminal offense, drug or drug-related, which occurs on or off duty, including DWI arrests.

TYPES OF TESTING

1. **Pre-employment.** Each prospective employee shall be required to submit to drug screening at the time and place designated by the appointing authority or designee following a conditional job offer contingent upon a negative drug testing result. A prospective employee who tests positive for the presence of drugs in the initial screening or who fails to cooperate in the testing shall be eliminated from consideration for employment. Employees transferring to DSS from other state agencies without a break in service are exempt from pre-employment testing.
2. **Post Accident.** Each employee involved in an accident that occurs during the course and scope of employment shall be required to submit to an alcohol/drug test if the accident:
 - a) involves circumstances leading to a reasonable suspicion of the employee's alcohol/drug use,
 - b) results in serious injury or a fatality, or
 - c) results in or causes the release of hazardous waste as defined in R.S. 30:2173(2) or hazardous materials as defined in R.S. 32:1502(5).
3. **Rehabilitation Monitoring.** Any employee who is participating in a substance abuse after-treatment program or who has a rehabilitation agreement with the agency shall be required to submit to periodic drug testing.
4. **Appointments and promotions (Safety-sensitive and Security-sensitive positions).** Each employee who is offered a safety-sensitive or security-sensitive position (listed below) shall be required to pass a drug test before being placed in such position, whether through appointment or promotion.
5. **Random testing (Safety-sensitive and Security-sensitive positions).** Every employee in a safety-sensitive or security-sensitive position (listed below) shall be required to submit to alcohol/drug testing as required by the appointing authority, who shall periodically call for a sample of such employees, selected at random by a computer-generated random selection

process, and require them to report for testing. All such testing shall, if practicable, occur during the selected employee's work schedule.

DSS SAFETY-SENSITIVE AND SECURITY-SENSITIVE POSITIONS

A candidate for one of the following positions (specific position numbers are in parentheses) will be required to pass a drug test prior to being placed in such a position whether through appointment or promotion and employees who occupy these positions will be subject to random drug testing:

Louisiana Rehabilitation Services

Administrative Specialist 3 (060871)

Client Services Worker

Rehabilitation Aide

Office of Family Support

Licensing Specialist 1 - DSS

Licensing Specialist 2 - DSS

Social Services Analyst 1 & 2 (All positions in Support Enforcement)

Social Services Analyst Supervisor (All positions in Support Enforcement)

Support Enforcement District Manager 1 & 2

Support Enforcement Regional Administrator

Office of Community Services

Administrative Coordinator 3 (Positions in Field Services – Parish and Regional Offices)

Administrator Coordinator 2 (Positions in Field Services – Parish and Regional Offices)

Child Welfare Services Assistant Trainee

Child Welfare Services Assistant

Social Service Counselor 1 & 2

Child Welfare Counselor/Adoption

Child Welfare Specialist 1 & 2

Child Welfare Specialist 3

Child Welfare Specialist 4

Child Welfare Specialist Trainee

Office of the Secretary/Office of Management and Finance

Accountant 3 (178446)

Auditor Supervisor (124684)

Administrative Coordinator 1 (002112, 002913)

Licensing Specialist 1 – DSS

Licensing Specialist 2 – DSS

Administrative Coordinator 2 (001979)

RANDOM TESTING PROCEDURES

- On a yearly basis, a percentage of all DSS employees in safety-sensitive or security-sensitive positions will be randomly drug-tested; one-twelfth of that number will be scheduled each month.

- Each month the appropriate managers will be notified by Human Resources of the names of employees in their office location randomly selected to be drug-tested. The names of employees to be tested must be kept confidential at all times.
- Based on each individual employee's schedule, at the earliest possible date within the designated month, the appropriate manager will notify the employee in writing first thing in the morning that they must report to a designated lab for testing. Human Resources must be notified if an employee is on extended leave.
- Each employee must go to the designated lab within 24 hours of being notified.
- The Office Human Resources personnel will be notified of the results of the tests. All test results must be kept confidential and retained in a locked file cabinet.

6. **Reasonable Suspicion.** Any employee shall be required to submit to an alcohol/drug test if there is a reasonable suspicion that the employee is using illegal drugs or is under the influence of alcohol while on duty. At least two supervisors/managers must concur there is reasonable suspicion before an employee is required to submit to an alcohol/drug test. Supervisors shall decide who will drive the employee to the testing site.

- All employees are subject to reasonable suspicion drug and alcohol testing.
- Reasonable suspicion is defined as a supervisor's belief, based upon specific, contemporaneous, and articulable observations that a person is using drugs, alcohol, or in some way is unfit to safely perform his/her duties.
- The final decision to test shall be made by an appointing authority or his/her designee, based upon the DOCUMENTED and VERIFIED observation of a SUPERVISOR and, when practical, by two supervisors.
- Supervisors must be able to recognize and document the signs and symptoms of substance abuse. Be familiar with the Supervisor's Checklist for Substance Abuse, Appendix A. Consider all of these factors when determining reasonable suspicion:
 1. Job performance (adequately documented pattern of unsatisfactory job performance).
 2. Physical behavior consistent with substance abuse. Remember: ALL employees may exhibit some of these job performance problems occasionally. It is a pattern of job performance problems over a period of time (several months) that you should note, document, and act upon. Use the Short-term or Long-term Observation Checklists (Appendix A) to document physical/performance indicators.
 3. Physical evidence of illegal or prohibited substance use, possession, sale, purchase, dispensing, distribution. Note: The possession of alcohol, although a violation of DSS policies, does not constitute a need for reasonable suspicion testing.

Take the following actions for Reasonable Suspicion Testing:

1. Verify Reasonable Suspicion:
 - Not based on anonymous tips; check it out; visit the work site. Document observations. Periodic, unannounced visits may confirm tip or suspected policy violation.
 - Hearsay is not a reliable factor.

- If witnessed, ask witnesses to describe what they saw. Have witnesses document observations.
 - How far away were/was witness (es)?
 - What, if anything, caused them to believe it was substance abuse related?
 - On what basis did they reach their conclusion?
2. Report suspicion to appointing authority or designee; obtain approval to test and obtain forms from the Human Resources Office.
 3. If the employee is obviously impaired, remove the employee from his/her work area. (Safety is a primary issue.)
 4. A decision to test based on the odor of alcohol must be verified by two supervisors whenever practicable. The suspicion is best supported by other physical or behavioral symptoms such as slurred speech, bloodshot eyes, or staggering; however, such symptoms may not always be evident.
 5. Interview employee in a private setting. Review findings; observe physical/mental symptoms during conversation. Document any characteristics that support or contradict initial observation until the time employee leaves facility. Use the Short-Term Observation Form in Appendix A. Explain that you have reasonable suspicion to believe his/her performance is being affected by some substance and you are requesting him/her to accompany you to the local designated medical facility to provide a urine specimen and/or breath sample.
 6. Employee should sign a Release and Consent Form. **REMINDEMPLOYEE THAT REFUSAL TO SUBMIT TO TEST WILL SUBJECT HIM/HER TO TERMINATION.**
 7. Transport employee to the medical facility for urine specimen and/or breath sample collection and then escort to his/her residence. (Bring appropriate chain-of-custody/breath alcohol test to medical facility.) Place employee on suspension with pay pending investigation.
 8. DOCUMENT EVENT(S).
 9. REMEMBER: All such matters must be treated as strictly CONFIDENTIAL. Do not discuss this matter with anyone other than the persons participating in the questioning, evaluation, investigation, or disciplinary action and who have a “need to know” the details of the drug/alcohol investigation.

HANDLING POLICY VIOLATIONS

A. Positive Test Results

Any employee reported with a confirmed positive test shall either be suspended with pay pending investigation or shall have the safety/security sensitive duties removed from his/her position pending preparation and approval of disciplinary action up to and including dismissal, as set forth in DSS Policy 4-07.

At a minimum, the following actions will be taken in the instance of a **first** confirmed positive test:

1. The employee shall be subject to disciplinary action as determined by the appointing authority.
2. The employee must meet with an approved chemical abuse counselor for a substance abuse evaluation. The employee must release the substance abuse evaluation prior to returning to duty. The evaluation will become part of the follow-up plan for that employee to continue employment with the department.
3. The employee shall be screened on a periodic basis for not less than twelve (12) months nor more than sixty (60) months. Follow-up testing, return to duty testing, counseling and any other recommended treatment will be at the cost of the employee and not the department. Post accident or return to duty tests which are positive will result in the employee's dismissal.

B. Refusal to Test

Any employee refusing to submit to a breath test for the presence of alcohol or a urine test for the presence of drugs will be subject to the consequences of a positive test. A refusal is defined as a verbal refusal, abusive language to the supervisor or personnel performing the test, or tampering of any sample, container, equipment or documentation of the sampling process. If a test is determined to be invalid, it is not considered a refusal and no disciplinary action will be taken. Inability to perform the testing procedures must be documented by a medical physician and recorded in the employee's personnel file.

If an employee alleges that, because of medical reasons, he/she is unable to provide a sufficient amount of breath to permit a valid breath test, the Breath Alcohol Technician (BAT) will instruct the employee to try a second time to provide an adequate amount of breath. If an employee is unwilling to submit to the test, then the results of the test will be subject to the consequences of a positive test. If an employee is unable to provide a sufficient quantity of urine, the collector will discard the insufficient specimen and instruct the individual to drink up to forty (40) ounces of fluid, distributed reasonably through a period of up to three (3) hours, or until the employee has provided a new urine specimen. If the employee remains unable to provide a sufficient specimen, the collector must discard the insufficient specimen, discontinue testing and notify the Agency Human Resources Director or his/her designee of his/her actions. In these instances, the Agency Human Resources Director or his/her designee shall inform the appointing authority immediately. The appointing authority shall direct the employee to have a medical evaluation, within five working days (at the agency's expense) conducted by an agency selected licensed physician with expertise in the medical issues surrounding a failure to provide a sufficient specimen. The physician will provide to the appointing authority, a report of his/her conclusions as to whether the employee's inability to provide a sufficient specimen is genuine or constitutes a refusal to test. If the conclusion of refusal to test is reached, it will be subject to the consequences of a positive test.

C. Reasonable Suspicion of Adulterated/Substituted Sample

A specimen temperature that measures outside the range of ninety (90) to one hundred (100) degrees Fahrenheit constitutes a reason to believe that an employee has adulterated or substituted the specimen. The collector must immediately conduct a new collection using direct observation procedures.

D. Other Violations

Each violation and alleged violation of this policy will be handled on an individual basis, taking into account all data, including the risk to self, fellow employees, clients, and the general public. Failure to comply with provision of the policy, including but not limited to the following, will be grounds for disciplinary action:

- As provided in the [DSS Policy 4-8](#), an employee is subject to disciplinary action up to and including dismissal should a criminal drug statute conviction result from the unlawful manufacture, distribution, possession, or use of a controlled substance in the workplace.
- Refusal or failure to report to an approved counseling or rehabilitation program after voluntarily requesting help for drug addiction.
- Refusal or failure to report to an approved counseling or rehabilitation program, if advised by the department to do so, after a confirmed positive test for any substance prohibited by this policy.
- Leaving a treatment program prior to completion and not being properly released to return to work.

E. DWI Arrest (Off Duty)

1. Loss of license when required to perform job duties:
Determine if the employee has license restored or whether suspension is still in effect. If not restored, determine the earliest possible date in order to consider appropriate accommodation. You may consider the following options as possible accommodating measures:
 - Temporary (unofficial) assignment (not to exceed 30 days) that does not require driving.
 - Temporary (official) detail to special duty (not to exceed 60 days – commencing after the first 30 days of suspension of license for a first offense DWI) to a position that does not require possession of a valid driver's license.
 - Permanent assignment to bonafide vacancy (non-driving).
Utilize accrued leave in accordance with Civil Service Rules.
2. Loss of license when not required to perform job duties:
DSS cannot take disciplinary action against an employee who loses his/her license due to a DWI arrest/conviction when that employee does not need his/her license to perform his/her job duty. It is recommended, however, that once such arrest is reported by the employee, the employee's supervisor or appointing authority should discuss this issue with the employee to determine whether he/she may benefit from the Employee Assistance Program.

APPENDIX A – OBSERVATION FORMS

NOTE: *This form is not to be processed or submitted; it is simply a list of behaviors to which all supervisors should pay attention. In the event the supervisor notices one or more of these items present, he/she should consider using one of the following observation forms in order to support/request a reasonable suspicion drug or alcohol test. Remember: ALL employees may exhibit some of these behaviors occasionally. It is a pattern of job performance problems over a period of time (several months) that you should note, document, and act upon.*

SUPERVISOR'S CHECKLIST FOR SUBSTANCE ABUSE

Repeated or continuous patterns of performance deterioration (documentable job issues) in a number of the following areas probably indicate that intervention with the employee is needed.

1. Absenteeism

- Frequent Monday or Friday absences
- Multiple unauthorized absences
- Excessive sick leave
- Repeated absences of 2-3 days
- Excessive tardiness
- Improbable excuses for absences
- Leaving work early
- Long coffee breaks
- Frequent trips to restroom
- Illness on the job
- Away from job more than job requires

2. High Accident Rate

- Accidents on the job
- Accidents away from the job, but affecting work performance
- Damage to equipment
- Frequent trips to the doctor

3. Lowered Job Efficiency

- Misses deadlines
- Makes mistakes or bad decisions due to inattention or impaired judgment
- Wastes materials
- Improbable excuses for poor job performance
- Lowered output
- Overly dependent on others
- Carelessness

4. Difficulties in Concentration/Confusion

- Work requires great effort

SUPERVISOR'S CHECKLIST FOR SUBSTANCE ABUSE

Page 2

- Job takes more time
- Hand tremors when concentrating
- Frequent daydreaming
- Details often neglected
- Undependable
- Difficulty in recalling instructions clearly
- Increasing difficulty in handling complex assignments
- Difficulty in recalling own mistakes
- Forgetful
- Reduced awareness of what's going on
- Unable to keep current

5. Communication

- Less communication than in the past
- Unclear or imprecise communication
- Argumentative with co-workers and supervisors

6. Sporadic Work Patterns

- Alternating periods of very high and very low productivity
- Work produced differs in quality from time-to-time

7. Initiative

- Unwillingness to change work responsibilities
- Unwillingness to change ways of doing job
- Needs constant supervision or extra help

8. Interpersonal Skills

- ☐ Overreacts to real or imagined criticism
- Wide swings in morale
- Borrows money from co-workers
- Complaints are received from co-workers
- Avoids old friends or colleagues
- ☐ Constantly complains to associates and supervisors
- Avoids supervisor, especially after lunch and breaks
- Avoids making eye-contact with others
- Overly critical of others
- Makes unreliable or untrue statements

9. Abnormal Behavior

- Coming to or returning to work in an obviously abnormal condition
- Obviously bizarre or abnormal actions on the job

SHORT-TERM INDICATOR - Reasonable Suspicion Observation Checklist

(Strictly Confidential)

This checklist is to be completed when an incident has occurred which provided reasonable suspicion that an employee is under the influence of a prohibited drug/substance or alcohol. You should note all pertinent behavior and physical signs or symptoms which lead you to reasonably believe that the employee has recently used or is under the influence of a prohibited substance.

Mark each applicable item on this form and all any additional facts or circumstances which you have noted. (Note: If there are long-term behavioral indicators of substance abuse, please also complete the Reasonable Suspicion Long-Term Indicator Observation Checklist.)

EMPLOYEE NAME/TITLE: _____

SOCIAL SECURITY NO: _____

DATE OF INCIDENT: _____ **Office/Division:** _____

OBSERVING SUPERVISOR (Name/Title & Telephone)

CONFIRMING APPOINTING AUTHORITY (Name/Title & Telephone):

A. NATURE OF INCIDENT/REASON FOR SUSPICION

- ☐ Observed/reported possession or use of a prohibited substance while on duty.
- ☐ Apparent drug or alcohol intoxication (when reporting for duty, during work hours).
- ☐ Observed abnormal, erratic, or bizarre behavior on the job.
- ☐ Other. (e.g., flagrant violation of safety policies/procedures or serious misconduct, accident or “near miss,” fighting or argumentative/abusive language, refusal of supervisor instruction, unauthorized absence on the job)

Specify: _____

B. BEHAVIORAL INDICATORS NOTED

- ☐ Verbal abusiveness, argumentative.
- ☐ Physical abusiveness.
- ☐ Extreme aggressiveness or agitation.
- ☐ Withdrawal, depression, tearfulness, or unresponsiveness, unclear, imprecise.
- ☐ Inappropriate verbal response to questioning or instructions.
- ☐ Other erratic or inappropriate behavior, (e.g., hallucinations, disoriented, excessive euphoria, talkativeness, confused)

Specify: _____

SHORT-TERM INDICATOR

Reasonable Suspicion Observation Checklist

Page 2

C. PHYSICAL SIGNS OR SYMPTOMS

- ☐ Possessing, dispensing, or using prohibited substance
- ☐ Odor of Alcohol
- ☐ Slurred or incoherent speech
- ☐ Odor of Marijuana
- ☐ Unsteady gait or other loss of physical control, poor coordination
- ☐ Disheveled appearance or out of uniform
- ☐ Dilated or constricted pupils or unusual eye movement
- ☐ Dry mouth (frequent swallowing/lip wetting)
- ☐ Bloodshot, watery, glossy, droopy eyes
- ☐ Dizziness or fainting
- ☐ Extreme fatigue or sleeping on the job
- ☐ Shaking hands or body tremors/twitching
- ☐ Excessive sweating or clamminess of the skin
- ☐ Breathing irregularity or difficulty breathing
- ☐ Flushed or very pale face
- ☐ Runny nose or sores around nostrils
- ☐ Highly excited or nervous
- ☐ Inappropriate wearing of sunglasses
- ☐ Nausea or vomiting
- ☐ Puncture marks or "tracks"
- ☐ Other (please specify):

WRITTEN SUMMARY

Please summarize the facts and circumstances of the incident, employee response, supervisory actions taken, and any other pertinent information not previously noted. Please note the date, time and location of reasonable suspicion testing or note if employee refused the test. Attach additional sheets as needed.

SHORT-TERM INDICATOR
Reasonable Suspicion Observation Checklist
Page 3

I hereby authorize drug/alcohol testing of this employee, based on these documented observations.

Signature of Observing Supervisor #1 Date/Time

Signature of Observing Supervisor #2 Date/Time

Signature of Appointing Authority Date/Time

If appointing authority unavailable for signature:

Verbal Authorization received

From: _____ (App't. Auth. name/title)

By: _____ (name, title)

On: _____ (date/time)

LONG-TERM INDICATOR - Reasonable Suspicion Observation Checklist

(Strictly Confidential)

This checklist is intended to assist a supervisor in referring a person for drug or alcohol testing. Has the employee manifested any of the following behaviors? Indicate (D) if documentation exists.

EMPLOYEE NAME/TITLE: _____

SOCIAL SECURITY NO: _____

DATE OF INCIDENT: _____ **OFFICE/DIVISION:** _____

OBSERVING SUPERVISOR (Name/Title & Telephone): _____

CONFIRMING APPOINTING AUTHORITY (Name/Title & Telephone): _____

A. QUALITY AND QUANTITY OF WORK

- ☐ 1. Clear refusal to do assigned tasks
- ☐ 2. Significant increase in errors
- ☐ 3. Repeated errors in spite of increased guidance
- ☐ 4. Reduced quantity of work
- ☐ 5. Inconsistent “up and down” quantity or quality of work
- ☐ 6. Behavior that disrupts work flow; forgetting assignments/procedures
- ☐ 7. Procrastination on significant decisions or tasks
- ☐ 8. More than usual supervision necessary
- ☐ 9. Frequent, unsupported explanations for poor work performance
- ☐ 10. Noticeable change in written or verbal communication
- ☐ 11. Inability to concentrate
- ☐ 12. Other (please specify)

B. INTERPERSONAL WORK RELATIONSHIPS

- ☐ 1. Significant change in relations with co-workers, supervisors, others
- ☐ 2. Frequent or intense arguments
- ☐ 3. Verbal abusiveness
- ☐ 4. Physical abusiveness
- ☐ 5. Persistently withdrawn or less involved with people
- ☐ 6. Intentional avoidance of supervisor
- ☐ 7. Expressions of frustration or discontent
- ☐ 8. Change in frequency or nature of complaints
- ☐ 9. Complaints by coworkers or subordinates
- ☐ 10. Cynical, “distrustful or human nature” comments

LONG-TERM INDICATOR

Reasonable Suspicion Observation Checklist

Page 2

- ☐ 11. Unusual sensitivity to advice or critique of work
- ☐ 12. Frequent borrowing of money from coworkers
- ☐ 13. Unpredictable response to supervision
- ☐ 14. Passive-aggressive attitude or behavior, doing things “behind your back”

C. GENERAL JOB PERFORMANCE

- ☐ 1. Excessive unauthorized absences - number in last 12 months: _____
- ☐ 2. Excessive authorized absences - number in last 12 months: _____
- ☐ 3. Frequent Monday/Friday absence or other pattern
- ☐ 4. Frequent unexplained disappearances
- ☐ 5. Excessive “extension” of breaks or lunch
- ☐ 6. Frequently tardy and/or leaves work early-number of day/week or month: _____
- ☐ 7. Increased concern about, or actual incidents of, safety offenses involving the employee: _____
- ☐ 8. Experiences or causes job accidents
- ☐ 9. Major changes in duties or responsibilities
- ☐ 10. Interferes with or ignores established procedures
- ☐ 11. Inability to follow through on job performance recommendation

D. PERSONAL MATTERS

- ☐ 1. Changes in or unusual personal appearance (dress, hygiene)
- ☐ 2. Changes in or unusual speech (incoherent, stuttering, loud)
- ☐ 3. Changes in or unusual physical mannerisms (gesture, posture)
- ☐ 4. Changes in or unusual facial expressions
- ☐ 5. Changes in or unusual activity level - much reduced: or increased: _____
- ☐ 6. Changes in or unusual topics of conversation
- ☐ 7. Engages in detailed discussions about death, suicide, or harming someone
- ☐ 8. Increasingly irritable or tearful
- ☐ 9. Persistently boisterous or rambunctious
- ☐ 10. Unpredictable or out-of-context displays of emotion
- ☐ 11. Unusual fears
- ☐ 12. Lacks appropriate caution
- ☐ 13. Engages in detailed discussion about obtaining or using drugs and/or alcohol
- ☐ 14. Has personal relationship problems (spouse, girl/boyfriend, children, in-laws)
- ☐ 15. Has received professional assistance for emotional or physical problems
- ☐ 16. Makes unfounded accusations toward others (i.e. has feelings of persecution)
- ☐ 17. Frequent cold, flu or other illnesses
- ☐ 18. Comes to work with alcohol on breath
- ☐ 19. Frequent eating/chewing of gum, candy, mints; heavy usage of breath spray
- ☐ 20. Excessive fatigue
- ☐ 21. Makes unreliable or false statements

LONG-TERM INDICATOR
Reasonable Suspicion Observation Checklist
Page 3

- __22. Temper tantrums or angry outbursts
- __23. Demanding, rigid, inflexible
- __24. Major changes in physical health
- __25. Concerns about sexual behavior or sexual harassment
- __26. Unrealistic self-appraisal or grandiose statements

OTHER INFORMATION (Please be specific and attach additional sheet(s) if needed):

Signature of Observing Supervisor
Date
Signature of Observing Supervisor
Date

Signature of Confirming App't.
Authority
Date

If drug/alcohol testing is mandated based on these long-term observations:

I hereby authorize drug/alcohol testing of this employee, based on these documented observations.

Signature of Appointing Authority Date/Time

Chapter 7/Appendix B

Sample Letters

APPENDIX B - SAMPLE LETTERS

WRITTEN REPRIMAND - FAILURE TO REPORT DWI/LICENSE NOT REQUIRED FOR JOB)

(DATE)

Mr. John Doe
500 Main Street
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Social Services (DSS) since (DATE). You currently serve with permanent status in the classification of (JOB TITLE). Pursuant to the authority of 12.9 of the Civil Service Rules, you are hereby reprimanded for the following reason:

On (DATE) you were arrested by (IDENTIFY LAW ENFORCEMENT AGENCY) for a Driving While Intoxicated (DWI) offense. DSS Policy 4-03, Substance Abuse Testing for DSS Employees (Exhibit A) requires you to notify your immediate supervisor of such arrest within five (5) days of the arrest. Your signature on the attached Employee Acknowledgment Form (Exhibit B) establishes your receipt and awareness of this policy. However, you failed to report this information to your supervisor, despite having worked (NUMBER) days since your arrest.

Your failure to comply with the reporting requirements of DSS Policy 4-03 will not be tolerated. It is hoped that this reprimand will serve its intended purpose of re-enforcing the importance of complying with all directives of this Department. If you again fail to comply with agency policy, you may be subject to disciplinary action, up to and including termination. Please be advised that this is not a disciplinary action and copies of this letter will not be maintained in any file accessible by the public. The letter may however be referenced in your next PPR rating and used to support future disciplinary action for the same or similar conduct. You may submit a written response to this letter to me no later than (DATE), which will be attached to each copy of this letter maintained by this agency.

Sincerely,

(Appointing Authority)

Attachments

c: Headquarters Human Resources
 Supervisor

1-DAY SUSPENSION NOTICE- FAILURE TO REPORT DWI (LICENSE REQUIRED FOR JOB)

(DATE)

Mr. Joe Doe
500 Main Street
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Social Services (DSS) since (DATE). You currently serve with permanent status in the classification of (JOB TITLE). In accordance with Civil Service Rule 12.8 and DSS Policy 4-07, Disciplinary Actions, this letter is to advise you that you will be suspended from duty, without pay, for eight hours (1 work day), commencing (DATE) at ____ a.m./p.m. You are to return to duty on (DATE) at ____ a.m. /p.m. The reason for your suspension is set forth below.

On (DATE) you were arrested by (IDENTIFY LAW ENFORCEMENT AGENCY) for a Driving While Intoxicated (DWI) offense. DSS Policy 4-03, Substance Abuse Testing for DSS Employees (Exhibit A) requires you to notify your immediate supervisor within five (5) days of such arrest. Your signature on the attached Employee Acknowledgment Form (Exhibit B) established your receipt and awareness of this policy. However, you failed to report this information to your supervisor, despite having worked (NUMBER) days since your arrest.

Since the position you occupy requires a valid driver's license, it is imperative that you possess and maintain a current and valid license while in this position. Any suspension or revocation of your driving privileges prohibits you from carrying out the duties of your position in the required manner. The notice requirement of DSS Policy 4-03 affords your supervisor ample time to investigate the circumstances of your arrest, the potential impact on the Agency, and available alternatives. Failure to timely report a DWI is therefore considered a serious violation which warrants appropriate corrective action.

On xxx, I issued a pre-deprivation notice. I received and carefully reviewed your written response dated (DATE) to the proposed action. After carefully considering the facts you presented, I am of the opinion that you did not disprove the reasons for the action or provide evidence or satisfactory justification to withdraw the action. I am also of the opinion that the reasons for the action are true and support the severity of the action. Please be advised however that more severe disciplinary action may result if you fail to comply with agency policy in the future.

You have the right to appeal this action to the State Civil Service Commission within 30 calendar days following the date you receive this notice. The appeal procedure is contained in Chapter 13 of the Civil Service Rules, which is available from the Department of State Civil Service or your Human Resources office.

Sincerely,
(APPOINTING AUTHORITY)
Attachments

**PRE-DEPRIVATION LETTER/DISMISSAL
(REFUSAL TO TEST)**

(DATE)

Mr. John Doe
500 Main Street
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Social Services (DSS) since (DATE). You currently serve with permanent status in the classification of (JOB TITLE). In accordance with Civil Service Rule 12.7 and DSS Policy 4-07, Disciplinary Actions, this letter is to advise you that I am considering terminating you from your position. The reason for this proposed action is set forth below.

DSS Policy 4-03, Substance Abuse Testing for DSS Employees, (Exhibit A) provides that DSS employees may be compelled to submit to urine or breath testing as a condition of employment for the purpose of determining the use or presence in the body of illegal or unauthorized drugs or alcohol. You were provided a copy of this policy on (DATE) as evidenced by the Employee Acknowledgment Form attached hereto (Exhibit B).

In compliance with this policy, you were directed by (NAME OF SUPERVISOR), (CLASSIFICATION), to report for (URINE/BREATH) analysis on (DATE OF TESTING) at (NAME/LOCATION OF FACILITY OR TEST SITE). You, however, (REFUSED TO SUBMIT/FAILED TO REPORT) as directed by your supervisor, thereby violating the provisions outlined in the policy. (PROVIDE SPECIFIC DETAILS OF REFUSAL).

You must realize that DSS has a compelling interest in establishing and maintaining a drug-free work environment. Failure to comply with this policy cannot and will not be tolerated. Such behavior is contrary to the interest of this Department.

You have the right to respond to this proposal by submitting a written response to me no later than (DATE). If I do not hear from you within the prescribed time, I will conclude that you do not wish to respond. A final decision on any action is to be taken will be made after consideration of all information available, including any you may provide. Be assured that your response will be carefully considered before a decision is made.

Sincerely,
(APPOINTING AUTHORITY)

Attachments

Copies to HQ Human Resources Office, Legal, supervisor

For all hand-delivered predeprivation/disciplinary letters, insert standard language provided in Chapter 10.

**PRE-DEPRIVATION LETTER/TERMINATION
(POSITIVE DRUG TEST - PROMOTION)**

(DATE)

Mr. John Doe
500 Main Street
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Social Services (DSS) since (DATE). You currently serve with permanent status in the classification of (JOB TITLE). In accordance with Civil Service Rule 12.7 and DSS Policy 4-07, you are hereby advised that we are considering terminating you from your position. The reason for this proposed action is set forth below.

On (DAY), (DATE), you submitted a urine specimen for a drug test and also submitted to a breath alcohol test, as required by DSS Policy 4-03, Substance Abuse Testing for DSS Employees, prior to being promoted from a non-safety-sensitive position to the safety-sensitive position of (POSITION). Documented evidence of your having received a copy of DSS Policy 4-03 is attached in the form of an acknowledgment of receipt of that document signed by you dated (DATE). Also attached is a copy of a Release and Consent Form signed by you on (DATE) authorizing the aforementioned drug and alcohol test to be performed and the results of those tests to be released to DSS. On (DAY), (DATE), the DSS HQ Human Resources Section was notified that your drug test had been confirmed positive by Dr. (APPROPRIATE NAME), DSS's Medical Review Officer (MRO), indicating the presence in your body, at or above the threshold cut-off level, of (SPECIFIC DRUG), one of the drug or drug-metabolites prohibited by the Department.

You have the right to respond to this proposal by submitting a written response to me no later than (DATE). If I do not hear from you within the prescribed time, I will conclude that you do not wish to respond. A final decision on any action is to be taken will be made after consideration of all information available, including any you may provide. Be assured that your response will be carefully considered before a decision is made.

Sincerely,

(APPOINTING AUTHORITY)

Attachments

c: HQ Human Resources Office
DSS Legal Section

**TERMINATION NOTICE/POSITIVE DRUG TEST-RANDOM
(DATE)**

Mr. John Doe
500 Main Street
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Social Services (DSS) since (DATE) and currently serve with permanent status in the classification of (JOB TITLE). In accordance with Civil Service Rule 12.8 and DSS Policy 4-07, Disciplinary Actions, this letter is to notify you that you will be terminated from your employment effective (DATE). The reason for the termination is set forth below.

On (DATE), you were required to submit a urine specimen for a random drug test in accordance with the DSS Policy 4-03, Substance Abuse Testing for DSS Employees. Documentary evidence of your having received a copy of this policy is appended as Exhibit A. Also attached is a copy of a Release and Consent Form signed by you on (DATE) authorizing the aforementioned drug and alcohol test to be performed and the results of those tests to be released to DSS. On (DAY), (DATE), the DSS HQ Human Resources Section was notified that your drug test had been confirmed positive by Dr. (APPROPRIATE NAME), DSS's Medical Review Officer (MRO), indicating the presence in your body, at or above the threshold cut-off level, of (SPECIFIC DRUG), one of the drug or drug-metabolites prohibited by the Department.

My (DATE) letter advising you of this proposed termination (copy attached as Exhibit B) provided you with an opportunity to respond to this proposed action by (DATE). On (DATE), I received your written response (copy attached as Exhibit C). After carefully considering the facts you presented, I am of the opinion that you did not disprove the reasons for the action or provide evidence or satisfactory justification to withdraw the action. I am also of the opinion that the reasons for the action are true and support the severity of the action.

You have the right to appeal this action to the State Civil Service Commission within 30 calendar days following the date you receive this notice. The appeal procedure is contained in Chapter 13 of the Civil Service Rules, which is available from the Department of State Civil Service or your Human Resources office.

Sincerely,

(APPOINTING AUTHORITY)

Attachments

c: HQ Human Resources Office
DSS Legal Section
Supervisor

NOTICE OF NON-DISCIPLINARY REMOVAL/DWI (LOSS OF LICENSE REQUIRED FOR JOB)

(DATE)

Mr. Joe Doe
500 Main Street
Baton Rouge, LA 70001

Dear Mr. Doe:

You have been employed by the Department of Social Services (DSS) since (DATE). You currently serve with permanent status in the classification of (JOB TITLE). In accordance with Civil Service Rule 12.6 (a) and DSS Policy 4-07, Discipline, Corrective Actions and Separations, this letter is to advise you that you will be non-disciplinarily removed from employment effective (DATE). Civil Service Rule 12.6 (a) states, in pertinent part, that an employee may be non-disciplinarily when “as a result of conduct that was not work related, the employee fails to obtain or loses a license, commission, certificate or other accreditation that is legally required for the job.”

The reason for this action is set forth below.

On (DATE) you were arrested by (IDENTIFY LAW ENFORCEMENT AGENCY) for a Driving While Intoxicated (DWI) offense. In accordance with DSS Policy 4-03, Substance Abuse Testing for DSS Employees (Exhibit A), you notified your supervisor (NAME/JOB TITLE) on (DATE) of this arrest on (DATE) and advised him that your license had been suspended for (# of days/months.) Since the position you occupy requires a valid driver’s license, it is imperative that you possess and maintain a current and valid license while in this position. Any suspension or revocation of your driving privileges prohibits you from carrying out the duties of your position in the required manner. Since you have been unable to perform the duties of your position since your arrest, you have been allowed to use accrued annual leave, which will be exhausted on (DATE). Although we have attempted to find a position to which we could temporarily assign you until your license is restored, there are no such vacant positions for which you qualify. Since you indicated you have been unsuccessful in obtaining a hardship license and do not know when your license will be restored, we have no means to allow you to return to work.

By later dated (DATE), a copy of which is attached as Exhibit B, I advised you of this proposed action and gave you an opportunity to respond. I received and carefully reviewed your written response dated (DATE). After carefully considering the facts you presented, I have determined that there are no alternatives to your removal since the duties of your position must be performed without further interruption. Please understand that this is a non-disciplinary, no-fault separation that does not disqualify you from certain re-employment eligibilities.

You have the right to appeal this action to the State Civil Service Commission within 30 calendar days following the date you receive this notice. The appeal procedure is contained in Chapter 13 of the Civil Service Rules, which is available from the Department of State Civil Service or your Human Resources office.

Sincerely,

(APPOINTING AUTHORITY)

Attachments

cc: HQ Human Resources Office
DSS Legal Section
Supervisor