

EMPLOYEE NAME:

DEPARTMENT:

MANAGER RESPONSIBLE:

Instructions: Mark each characteristic you have noted about the employee with a “X” and include the date.

**DATES ABSENTEEISM**

Repeated unauthorized leave

Excessive sick leave

Frequent absences on the same day (friday)

Repeated absences

Excessive tardiness

Frequent long lunches/breaks

Leaving work early

Frequent unscheduled short term absences Details: 



**DATES WORK-POST ABSENTEEISM**

Continued absences from post

Frequent trips to restroom

Long coffee breaks

Excessive talking

Physical illness on the job

Details:



**DATES ACCIDENT RATE**

Accidents on the job

Details:



**DATES PROBLEM IN CONCENTRATION**

Work requires greater effort

Jobs take more time

Trouble taking direction

Trouble learning new routines/procedures

Difficulty recalling instructions/details

Other significant memory problems Details: 



**DATES IRREGULAR WORK PATTERNS**

Alternate periods of high/low productivity

Productivity impaired after lunch

Details:



**DATES REPORTING TO WORK**

Coming to work in an inappropriate condition

Returning to work in an inappropriate condition Details: 



**ADDITIONAL RELEVANT COMMENT:**



Signature: Date: