



Tennessee Professional Assistance Program  
545 Mainstream Drive, Suite 414  
Nashville, TN 37228

www.tnpap.org  
Phone: 615-726-4001  
Fax: 615-726-4003

## EMPLOYER EVALUATION

Instructions: TnPAP requires a report of the participant's employment progress as a condition of compliance with the monitoring program. Please be specific in your answers and return this form by the due date. **Please print.** Mail to above address or fax to above number.

Name of Licensee:		SSN:	Profession <input type="checkbox"/> RN <input type="checkbox"/> LPN
Reporting period:	From:	To:	Report Due:
Employing Facility:			Telephone No:
Address:			City:
State:			Zip Code:
Date of Initial Employment:			
Position: <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> Staff Nurse <input type="checkbox"/> Charge Nurse			
Unit:		Shift:	
Name of direct supervisor:			

### 1. Appearance

- a. Neat, appropriately dressed
- b. Fair
- c. Poor
- d. Unacceptable (explain) \_\_\_\_\_

### 2. Attendance

- a. Number of absences \_\_\_\_\_
- b. Reason for absence  
(1) Illness, personal  
(2) Death in family  
(3) Illness, family member  
(4) Other (explain) \_\_\_\_\_  
(5) Number of hours practiced since last reporting period \_\_\_\_\_

### 3. Punctuality

- a. Arrives on time
- b. Number of times tardy (explain) \_\_\_\_\_

### 4. Reliability

- a. Very dependable
- b. Average
- c. Poor (explain) \_\_\_\_\_

Name of Licensee:	SSN
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5. Clinical Performance

- a. Above average
- b. Average
- c. Fair
- d. Unacceptable (explain) \_\_\_\_\_

6. Interaction with co-workers

- a. Excellent
- b. Fair
- c. Poor
- d. Unacceptable (explain) \_\_\_\_\_

7. Comments on performance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Urine Drug Screens/Blood Alcohol Levels

- a. Have screens been performed?  Yes  No If yes, please attach results.
- b. Has any job related behavior warranted requesting a screen?  Yes  No  
If yes, please explain \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS AND EXPLAIN WHERE APPROPRIATE**

Has there been a change in position or responsibilities since the last reporting period? If yes, please explain in the comments section.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
To the best of your knowledge, do you believe the employee is maintaining abstinence from all mood-altering chemicals, including alcohol? If no, please explain in the comments section	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Comments and explanations:		

Please call TnPAP (615-726-4001) to discuss any concerns or to receive clarification regarding this individual's monitoring plan.

\_\_\_\_\_  
Print name of person completing form

\_\_\_\_\_  
Title

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date