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## **HOPE RECOVERY NETWORK**





## PEER RECOVERY SUPPORT SPECIALIST: Employment Eligibility Verification

PRS SPECIALIAST NAME:	HRN SUPERVISOR NAME:	VERIFICATION START DATE:
AREA(S) OF CONCERN: 1. LEGAL COMPLIANCE	CE <b>2</b> . HRN POLICY VIOLATION <b>3</b> . PUBLIC SAFETY <b>4</b> .	PROFESSIONAL INTEGRITY <b>5.</b> MENTAL / PHYSICAL HEALTH
STEP 1: CAUSE FOR CONCERN HRN HUMAN	RESOURCE POLICY VIOLATION? Y / N POLICY AREA(S)	PAGE(S)
S U M M A R I ZA T I O N FEDERAL, STATE, LOCAL LAW / REGULATION VIOLATED? Y / N LAW(S) / CODE(S):		
RELEVANT DATES:	SUPPORTING DOCUMENTATION: Y / N DATES:	DOCUMENTATION DETAILS:
EMPLOYEE RESPONSE TO CONCERN:	Does Employee Feel the Cause For Concern Is Valid? Y / N	If So, Are There Extenuating Circumstances? Y / N
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STEP 2: RESULTING ACTION (Circle As Required)	DOCUMENTATION REQUIRED:	DATE REQUIRED:
A) DRUG TEST:	B) DRIVER'S LICENSE & INSURANCE VERIFICATION	F) AUTHORIZATION TO RELEASE (For Medical Clearance)
LAB DETAILS:	C) OhioMAS PRSS CERTIFICATE COPY	DOCTOR NAME & TITLE:
	D) ADDITIONAL TRAINING / CEU(S)	CONTACT DETAILS:
	E) OTHER:	G) PERSONAL REFERENCE LETTER / CONSULT
REQUIRED VERIFICATION DETAILS:		
FOLLOW-UP SUPERVISION	FOLLOW-UP DATE:	NEED TO SET PERFORMANCE IMPROVEMENT PLAN ? Y / N
Notes:		
EMPLOYEE COMMENTS:		
CTED 2. OUTCOME (Cont. con 1 NO FURTHER A	CTION 2 PRODUTION 2 ADMINISTRATIVE LEAVE	4. OTHER ACTION 5. EMPLOYMENT TERMINATION
2. PROBATION / 3. LEAVE GUIDELINES:	LEAVE DATES:	EXPECTED RETURN DATE:
2. PROBATION / 6. LEAVE GOIDLEINES:		1
4. OTHER ACTION:	FOLLOW-UP DATE:	5. EMPLOYMENT TERMINATION FOR CAUSE
		LAST DATE OF EMPLOYMENT:
ADDITIONAL NOTES:		
I attest this content is true, accurate, and provided a copy.	I acknowledge receiving this form, understand the content eve	n if I don't agree with it, and was given opportunity to comment.
SUPERVISOR SIGNATURE:	SIGNATURE DATE	SPECIALIST SIGNATURE

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