

EXHIBIT G

**EUFAULA PUBLIC SCHOOL DISTRICT I-001
Reasonable Suspension Report Form**

Employee's Name:

Department

Social Security Number:

Date Behavior Observed: (Month Day Year)

Time of Day Observed:

From A.M. P.M. to A.M. P.M.

Location Where Employee was Observed:

Behavior Observed: Check all items that apply

Speech: Normal Incoherent Confused Slurred Whispering Silent Loud Rapid Cursing

Balance: Normal Staggering Swaying Falling

Eyes: Normal reddened (bloodshot) Pupils Dilated Pupils Constricted

Walking and Turning: Normal Stumbling Arms raised for Balance Reaching for Support

Lack of Coordination

Awareness: Normal Confused Sleepy Paranoid

Comments of employee (please quote remarks, admissions, etc.) which are pertinent; such as swearing, cursing.

Other observed actions or behavior (i.e., odors, vomiting, coughing, gagging, crying, etc.):

Supervisor:

Date

This report must be completed every time an employee is suspected of controlled substance or alcohol use by actions, appearance, or conduct while on duty. This form must be completed within twenty-four (24) hours or before test results are released.