

SUPERVISOR'S INPUT

To : _____
(Supervisor's Name)

Subj: ALCOHOL AND DRUG SCREENING :

For : _____
Rank Name SSN Last 4 digits

1. Subject Marine is referred to the Substance Abuse Counseling Center (SACC) for an alcohol and drug screening / assessment. Your input is extremely important in helping the commander and SACC make the appropriate assessment and treatment recommendation.

2. How long have you supervised this Marine? _____

3. Check the word that best describes the Marine in the past year regarding :

a. Military performance :

Superior <input type="checkbox"/>	Adequate <input type="checkbox"/>	Improving <input type="checkbox"/>
Excellent <input type="checkbox"/>	Substandard <input type="checkbox"/>	Declining <input type="checkbox"/>

b. Work performance :

Superior <input type="checkbox"/>	Adequate <input type="checkbox"/>	Improving <input type="checkbox"/>
Excellent <input type="checkbox"/>	Substandard <input type="checkbox"/>	Declining <input type="checkbox"/>

c. Uniform / Military performance :

Superior <input type="checkbox"/>	Adequate <input type="checkbox"/>	Improving <input type="checkbox"/>
Excellent <input type="checkbox"/>	Substandard <input type="checkbox"/>	Declining <input type="checkbox"/>

d. Relationship with peers and superiors :

Superior <input type="checkbox"/>	Adequate <input type="checkbox"/>	Improving <input type="checkbox"/>
Excellent <input type="checkbox"/>	Substandard <input type="checkbox"/>	Declining <input type="checkbox"/>

Additional comments about the above markings :

FOUO - Privacy Sensitive when filled in.

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Are you aware of :

- e. Any remedial counseling conducted? Yes No
- f. Any NJPs or other disciplinary actions? Yes No
- g. Any civil actions or referrals for family or financial counseling? Yes No
- h. Previous or additional alcohol or drug problems? Yes No
- i. A history of Monday or Friday absences, sick calls, or tardiness? Yes No
- j. Is the Marine the first to arrive or the last to leave? Yes No
- k. Does the Marine take unusually long lunch breaks? Yes No

If yes for any of the above, explain.

4. If you had a choice, would you want this Marine to continue working for you? Yes No
Why or why not?

5. If using internal mail, place the completed form in an envelope, seal and return no later than _____

to :

6. If you have any questions, I can be reached at : _____
(Telephone)

SACO's Signature

Date

Supervisor's Signature

Date

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: Information collected by this form will be used to provide a basis for assessing your use of alcohol and drugs and to provide therapeutic assistance as required. The information will become part of your alcohol and drug treatment record. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice MMN00019 which can be downloaded at <http://privacy.defense.gov/notices/usmc/MMN00019.shtml>.

RETENTION AND SAFEGUARDS: The collected information will be maintained in paper case files in locking file cabinets with restricted, limited access by authorized personnel who are properly screened, cleared, and trained. Records in this file system will only be retrieved by name and social security number. Level I, II, and II alcoholism treatment case files and Level I and II drug abuse treatment case files are cut off and destroyed 5 years after the end of the calendar year the case is closed.

ROUTINE USES: To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice MMN00019 for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at <http://www.defenselink.mil/privacy/notices/blanket-uses.html>.

DISCLOSURE: Providing information on this form is voluntary. If the individual does not complete necessary data fields, treatment may be negatively impacted.