

DRUG/ALCOHOL TEST NOTIFICATION FORM

 Date

 Name (print)

 Social Security Number

The above named employee is to have the following test:

Drug	Alcohol	Both Drug and Alcohol
_____	_____	_____
Type of Test _____ Random	_____ Pre-employment (drug only)	
_____ Post-accident	_____ Reasonable suspicion	

 Time Sent by District

 Human Resource Director (Phone)

 Time Arrived at Collection Site

 Collection Site Person

 Time Test Was Completed

 Collection Site Person

I understand that I am go directly to Medical Associates Industrial Desk, 915 13th Avenue North, Clinton, Iowa. I will be accompanys by the school district contact person if an alcohol test is required. If a drug test is required the district contract person may or may not accompany you to the Collection Site. Transportation will be provided to and from the collection for all alcohol tests. If your alcohol test is positive, you will not be allowed to drive home, but rather you will be driven home by the contract person or the Transportation Direction. Transportation may or may not be provided if only a drug test is required. If no transportation is provided you must report to the collection site on the same day as your date on this notification form. Failure to go to the collection site on the date of this notification is considered a refusal to test. Since this is a requirement as a CDL carrier, you will be paid for time spent going to the test site, time at the test sight, and time coming back from the test site. Please add this time to your time slip.

I understand a positive drug test result or an alcohol test result of .04 alcohol concentration or greater will result in termination of my employment and that an alcohol test result of greater than .02 but less than .04 alcohol concentration requires me to cease performing a safety-sensitive function for twenty-four hours.

I further understand my drug and alcohol testing results are reported to and maintained by the school district and the Iowa Drug and Alcohol Testing (IDATP) medical review officer for the purpose of completion of reports including, but not limited to, the Annual Summary/MIS reports required under the federal drug and alcohol testing regulations.

 Employee's Signature

 Date