

CONSENT FOR DRUG and/or ALCOHOL TESTING

Select appropriate reason:

- ☐ **Reasonable suspicion** (*mishandling of controlled substances, etc.*)
Use split kit for inhouse sample and Legacy sample
- ☐ **For Cause** (*suspicious actions, behaviors, etc.*) – sample to Legacy only

I have been informed of the reason(s) I am being asked to submit to drug and/or alcohol testing.

Refusal or tampering with the sample during collection constitutes insubordination and is grounds for corrective action up to and including discharge from employment.

- ☐ I consent for drug and/or alcohol testing.
- ☐ I refuse to consent for drug and/or alcohol testing.

Employee name PRINTED

Date _____ Time _____

Employee Signature

Date _____ Time _____

**Occupational Health/Hospital Supervisor/Department Manager
Signature/Title**

Results will be reported to Occupational Health. Test results will be shared with Human Resources and your department leadership. All results will be kept in your confidential Occupational Health record.

***Weingarten Rights:**

Employees covered under a collective bargaining unit agreement are entitled to request union representation if called for an interview or test that may lead to disciplinary action.

Contact information for union representatives is available on the WAVE (intranet)> Employee Home>Union Info.

If there is no response within 30 minutes of good faith efforts to contact union representation, drug and/or alcohol testing will proceed following guidelines provided in [HR 3004](#), Drug-Free Workplace.