

# **Drug and Alcohol Testing Consent Form**

## **Policy**

As explained in the Pittsburg State University (university) Drug and Alcohol Abuse Policy and State of Kansas Substance Abuse Policy Affirmation Form, the university is committed to providing its employees with a safe, healthy, and productive workplace that is free from Illegal Drugs and alcohol under state, local, or federal laws.

## **Testing Procedures**

I, the undersigned, hereby agree to submit to a drug and alcohol test(s) as requested by the university. I agree to provide my bodily substance sample upon request, and undergo the necessary procedures required to perform the drug and alcohol test. I acknowledge that the drug test will be conducted by \_\_\_\_\_ **(list medical provider)** an authorized testing facility, which will collect and test the alcohol and drug test samples. I agree to be monitored by a Bryant Student Health Center or other named above facility's employee of my gender when I provide the test sample. I also authorize the above-named facility and/or Bryant Student Health Center to disclose the drug test results to the university's Human Resources Office. I understand that the alcohol and drug test results will remain confidential to the extent required by law and all records related to the test will be kept separately from my personnel file.

## **Compensation**

I understand that the university will pay for the alcohol and drug test, and that I will be compensated at my regular rate of pay, if an employee, for the time spent submitting to an alcohol and drug test required by the university.

## **Timing and Frequency of Testing**

I consent to undergo an alcohol and drug test for the following reason(s): **(employee must initial the appropriate box):**

- \_\_\_\_(inl)      this is for pre-employment of Safety Sensitive Position with the university.
  
- \_\_\_\_(inl)      this is a condition of employment in the School of Nursing in order to perform my full job duties that include supervising students in a third-party clinical setting.
  
- \_\_\_\_(inl)      I was involved in a vehicular accident that injured others or myself that gives university reasonable suspicion to believe that I was under the influence of Illegal Drugs and/or Alcohol.
  
- \_\_\_\_(inl)      University staff have provided "reasonable suspicion" facts that gives the university a basis to believe that I am under the influence of Illegal Drugs and/or Alcohol.

**Test Results or Refusal to Test**

I understand that if I test positive for Illegal Drugs or Alcohol in violation of university’s policy(s), I may be subject to discipline, up to and including termination of employment or withdrawal of a conditional job offer. I understand that I have the right to a retest if an initial test indicates use of Illegal Drugs or alcohol, and that I will have the opportunity to explain to the university that a positive test result is due to my legitimate use of prescription medication. I understand that the test results will not be used for any other purpose than described in this form and the university’s policy(s).

I understand that my refusal to take or complete an alcohol and/or drug test required by the university will be grounds for discipline, up to and including my termination of employment or withdrawal of a conditional job offer.

**Release of Claims**

I hereby release from liability the above listed medical hospital and/or medical provider, State of Kansas and the university, and their respective employees, members, boards, and agents, in their individual and official capacities, and all other parties involved in testing for any negligent or intentional actions taken prior, during or after the alcohol and drug test.

**Acknowledgment**

I acknowledge that I have fully read and understand this form, and I consent to drug and alcohol testing under the terms discussed above and in the university’s policy(s). I acknowledge and agree that I have had an opportunity to ask questions about this form before signing it.

I acknowledge that a photocopy or electronically transmitted form of this hand-signed or digitally signed form has the same validity as an original signed copy of this form.

**Undersigned Employee**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Witness.** I witnessed the signature of the above-named Undersigned Employee.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_