

NOTICE OF REQUIRED TESTING FOR ALCOHOL AND/OR ILLICIT SUBSTANCES

TO: _____

FROM: _____

DATE: _____

The employee/student whose test results are positive must meet with the S/EAP Coordinator as instructed. The S/EAP Coordinator, in conjunction with the supervisor or the Vice President for Student Affairs, shall determine the appropriate course of action regarding the status of the employee/student. The employee/student must successfully complete an assigned counseling/rehabilitation treatment program. He/she must pass an alcohol or drug test at the completion of the counseling/rehabilitation program and agree, in writing, to unannounced testing for a period up to 36 months.

By agreeing to be tested, you are acknowledging your consent to a screening test and your consent to the release of the test outcomes to appropriate staff.

Test to be conducted:

- ALCOHOL & DRUG
- DRUG ONLY

You will not be admitting any violation of the Alcohol and Substance Abuse Policy by signing this form.

Initial below:

_____ I agree to be tested

_____ I refuse to be tested

Signature

Print Name

Date

Social Security Number

Witnessed by an Authorized UNT Health Science Center Employee:

Signature

Print Name

Distribution: Substance Control Officer – Original
Employee/Student