



SUBSTANCE ABUSE POLICY

Employee Notification of Reasonable Suspicion Test Form

Employee Name: _____ SSN (last four digits): _____

Department: _____ Supervisor's Name: _____

Notification Date: _____ Time of Notification: _____ am/pm

Part A-Manager or Supervisor Reads to the Employee:

- You have been selected for Reasonable Suspicion Substance Abuse Testing today. Reasonable suspicion means an articulable belief based on specific facts, and reasonable inferences drawn from those facts, that an employee is under the influence of drugs or alcohol. See copy of the Substance Abuse Policy (SAP).
- In accordance with the City's Substance Abuse Policy, you will be escorted to the testing location immediately.
- You must present photo identification to the staff at the test location.
- The City of Petersburg will provide you with transportation to the test site and will return you to your work site; or if necessary, arrange transportation to your home.
- If you refuse to comply with these directions, you will be disciplined in accordance with the City's Substance Abuse Policy.

Manager or Supervisor's Signature: _____ Date/Time _____

Part B-Employee Acknowledgement and Consent:

- Acknowledge being notified to appear for Reasonable Suspicion Substance Abuse Testing, and have been notified that I will be transported to the drug-testing location.
- Acknowledge that if this is a breathalyzer test, I will remain at my work location for such test to be administered.
- Acknowledge that I must present photo identification to the staff at the test location.
- Acknowledge that if I fail to submit to a Reasonable Suspicion Substance Abuse drug test my failure to submit to the drug testing shall be considered as a refusal, and shall be the basis for the imposition of discipline, in accordance with the Substance Abuse Policy.
- Acknowledge that if I refuse, I will not be forced to have a test administered, but I will not be allowed to return to duty, and I will be immediately placed on Leave Without Pay (LWOP) and sent or transported home.
- Acknowledge that if I test positive for prohibited substance or alcohol use, I will be disciplined in accordance with the provisions of the Substance Abuse Policy.
- Consent to allow the results of such testing to be divulged to the City of Petersburg, or its agent, designee or representative.

Employee Signature: _____ Date/Time _____

Employee and Supervisor are to sign and date the form as requested. Forward the completed form to HR along with the Chain of custody form.