

Drug-free Workplace Program Employee Test Notification Order Form

You are ordered to immediately report to the collection site indicated below to submit to a reasonable suspicion drug and/or alcohol test.

Failure to report for the test or failure to provide a urine specimen or breath sample as ordered will be considered refusal to test and may result in disciplinary action.

Employee Name EIN Report Date

Division Supervisor's Name

Collection Site Name

Collection Site Street Address

Collection Site City Collection Site Zip Code

Within 72 hours of notification of a positive test, you may submit a written request to the ADOA Chief Human Resources Officer to have the original, sealed, split urine specimen retested. You are responsible for all costs associated with the retest.

I understand that refusal to report for the drug and/or alcohol test or failure to provide a urine or breath sample will subject me to disciplinary action, to include dismissal.

Employee Signature Date

Assistant Director Signature Date

Chief Human Resources Officer or Designee Signature Date

Attention Collection Site Staff: please contact ADOA Human Resources at (602) 542-5482 if additional information is needed.