

Employee Consent to Drug and/or Alcohol Testing

In the interest of safety in the workplace, all employees of this company will be required to take a urine test for drug and/or alcohol use.

The undersigned employee has been fully informed of the reasons for a urine test for drug and/or alcohol use and of the procedure that is involved in the testing.

The undersigned employee fully and freely consents to the required urine test for the following company:_____.

In addition, the undersigned understands that the results of this test will become a permanent part of his or her personnel file and that positive results of this test may result in the termination of employment with this company. Finally, if the results of this test are positive, the employee understands that he or she will be given an opportunity to explain the results of this test.

Signature of Employee_____Date_____

Printed Name of Employee _____

Social Security Number of Employee _____

Signature of Witness _____Date_____

Printed Name of Witness _____

Employee: Please keep a copy of this form for your records.