

STOP: Management should NOT complete this form with the employee until authorized to do so by HR.

REASONABLE SUSPICION TESTING CONSENT FORM

Once HR, General Counsel, and Public Safety have determined reasonable suspicion exists that an employee may be impaired in the workplace, HR will request that management present this testing consent form to the employee under suspicion.

I, _____ (individual name) as an employee of Idaho State University, have been informed that:

- HR, General Counsel, and Public Safety have concurred with management that reasonable suspicion exists that I am in violation of the Drug and Alcohol Free Workplace Policy, ISUPP 3180 after reviewing the attached Reasonable Suspicion Checklist.
- I will be transported by my supervisor/manager and a witness to and from the designated testing location.
- The test results will be provided to an independent Medical Review Officer with Central Drug Systems, Inc.
- A positive test could result in disciplinary action up to and including termination of employment.
- I may refuse my consent to submit to the drug/alcohol test.
- I will be subject to disciplinary action up to and including termination of employment if I refuse the screening or test, adulterate or dilute the specimen, substitute the specimen, send an imposter, or refuse to cooperate in the testing process in such a way that prevents completion of the test.

Individual’s statement regarding the allegation of being in violation of the Drug and Alcohol Free Workplace Policy:

At the conclusion of this process, I will be instructed to make arrangements for my safe transportation home and that my supervisor may notify law enforcement if I attempt to operate a vehicle.

I have read the form and AGREE to undergo testing for drugs and/or alcohol _____
Employee Signature Date

I have read the form and REFUSE to undergo testing for drugs and/or alcohol _____
Employee Signature Date

Witnessed by (signature): _____ Date: _____

Printed Name: _____ Title: _____

Testing Locations:

Pocatello	Idaho Falls	Meridian	Twin Falls
Portneuf Workmed Medical Center 500 S. 11 th Ave. #500 Pocatello, ID 83201 Phone: 208-239-1940 After Hours: 208-239-1800	Wienhoff Drug Testing 2235 E. 25 th Street Suite 150 Idaho Falls, ID 83404 Phone: 208-528-9000 After Hours: 208-528-9000	St. Luke’s Occupational Health Service 520 S. Eagle Road, 2213 Meridian, ID 83642 Phone: 208-706-5447	St. Luke’s Magic Valley Regional Medical Center 775 Pole Line Road West Twin Falls, ID 83301 Phone: 208-814-8114

HR Rep – Attach Medtox Drug Testing Form for Respective Clinic. Medtox Drug Testing Form and Consent Form should be taken to testing location.

Submit Completed Form to hr@isu.edu, fax to 208-282-4976, or hand deliver to HR Office, Administration Building Room 312.