DRUG/ALCOHOL FREE WORKPLACE SCREENING AUTHORIZATION

Company Information:

Jefferson County Commission Room A-670 Courthouse Annex 716 Richard Arrington, Jr. Blvd N Birmingham, AL 35203 Contact: HR/Risk Mgt Phone: 205-325-5249 Fax: 205-325-5614



Instructions to Employee/Prospective Employee

Prospective/Promotional Employee/Transfer/Reassignment

You are hereby notified to report to the collection site listed on the back of this form within 48 hours of contact from the Human Resources Department. Failure to report within the specified time frame or failure to provide a sample for testing within two (2) hours of arrival at the testing site will cause your application for employment to be denied.

Present this form to collection site staff upon arrival. Present your PHOTO I.D. (Drivers License, State I.D., Military I.D., etc.) for identification.

Current Employee

You are hereby ordered to **<u>immediately</u>** report to the collection site listed on the back of this form and provide a specimen for **drug and alcohol** testing.

You are hereby notified that failure to immediately go to the collection site for testing or failure to provide a sample for testing within two (2) hours of arrival at the testing site will result in the **forfeiture** of all compensation to which you may be entitled under the Worker's Compensation Law of the State of Alabama.

You are further notified that failure to comply with this order shall constitute a violation of Jefferson County's Administrative Order 91-6, and shall also result in disciplinary action, which may include termination of employment or cause your application for employment to be denied.

Present this form to collection site staff upon arrival. Present your PHOTO I.D. (Drivers License, State I.D., Military I.D., etc.) for identification.

Employee Name (please prin	t):SS	;# <u> </u>

Employee Signature

Services Needed

(Please fax copy of chain and/or copy of BAT result and physical to 205-326-3122 immediately upon services rendered.)

Urine Drug Screen	Breath Alcohol Test	DOT Physical	Regular Physical
TB Skin Test	Fit for Duty		

Type of Drug Screen/Alcohol Testing Needed

Pre-Employment	Random	Post Accident	On the Job Injury		
Reasonable Suspicion	Return to Duty	☐Follow-Up	Last Chance		
Promotional/Transfer/Reassignment					

Category of Test

Non-DOT Test DOT-Test on a DOT mandated employee Safety Sensitive

Instructions to Collector

Notify "HR/Risk Mgt" of confirmation alcohol screen equal to or greater than .02 immediately by calling 205-325-5249 and faxing to 205-325-5614 (please do this even if a Jefferson County representative is with the employee being tested.)

Supervisor/HR Designee Signature (supervisor should forward a copy of this form to Human Resources, Courthouse, Room A670 or fax to 325-5614)

Date:	Time:	Signatu	re:
Department Num	ber		
Birmingham, AL PH: (205)877-2 Middle Creek M Screen(post-ac 4810 Bell Hill Ro Bessemer, AL 3 Ph: (205)477-37 Middle Creek M	o (Drug Screen, E d Med Ctr Dr., Po 35209 667 edical Center (In cident/injury only bad 5022 737 edical Center Screening and Ba le Parkway	DB Ste G-2 jury or Drug),	 St. Vincent's OHC1 2700 10th Avenue South, Suite 103 Professional Building #2 Ph: (205)930-2600 St. Vincent's OHC2 One Lakeshore Drive, Suite 301 Lakeshore Medical Building Ph: (205)930-2910
Ph: (205)426-20 CC: Hum)39 nan Resources De	partment	Revised 5/12