

**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
POLICY AND PROCEDURES**

ATTACHMENT F EMPLOYEE DRUG TESTING REFERRAL FORM

EMPLOYEE DRUG TESTING REFERRAL FORM

DRUG TEST REQUEST DATE: _____ **REQUEST TIME:** _____

You (_____) are hereby ordered to appear at the following drug testing collection site for the purpose of specimen collection.

(Name of approved drug testing collection site and site location)

The reason for drug testing specimen collection is indicated below:
(CHECK APPROPRIATE BOX)

- PRE-EMPLOYMENT TESTING •**

- RANDOM DRUG TESTING •**

- REASONABLE SUSPICION TESTING •**

If you do not appear at the collection site within the specific time frame for the random or reasonable suspicion testing, you will be considered to have refused to submit to drug testing. You will be subject to disciplinary action up to and including dismissal for failure to report to the collection site unless the employee provides sufficient justification for failure to appear, subject to approval by the Regional Director or equivalent level administrator.

If the test results are positive, you will be notified by the Medical Review Officer (MRO) and offered the opportunity to produce valid documentation of lawful ingestion of the appropriate identified controlled substance. You must present within 5 working days documentation that would provide a legitimate explanation of the positive test results, such as prescriptions or over the counter medications that may have been taken that would cause a positive result. You must submit this information to the Medical Review Officer (MRO). If the MRO determines that the positive test result is a result of legitimate prescription or over the counter medication, the MRO shall report a negative test result for the specimen.

All employees with a first positive confirmed random or reasonable suspicion drug test will be given the opportunity to participate in, at the employee's own expense or pursuant to coverage under a health insurance plan, an employee assistance program or alcohol and drug rehabilitation program.

All information, interviews, reports, statements, memoranda, and drug test results (written or otherwise) received by the agency through a drug testing program are confidential communications and will not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with the Florida Drug-Free Workplace Act.

Any questions regarding this drug testing referral should be directed to the Designated Agency Authority.

ONCE THE TESTING HAS BEEN COMPLETED, PLEASE HAVE THE COLLECTION SITE SIGN AND DATE THIS FORM IN THE SECTION BELOW AND RETURN THIS FORM TO THE DESIGNATED AGENCY AUTHORITY OR DESIGNEE WITHIN ONE (1) WORK DAY.

Collection Site Name

Date of Test

Collection Site Staff Signature

Time of Test

Print Staff's Name