



Reasonable Suspicion Testing Consent Form

I, _____ (employee's name), have been informed that:

1. I may be in violation of Youngstown State University's Policy 3356-7-20 Drug-free environment policy.
2. Under the policy, an individual may be asked to submit to a drug/alcohol test if reasonable suspicion exists that an employee may be in violation of the University's Drug-free policy.
3. I have been asked to submit to a drug/alcohol test to determine if I am in violation of the Drug-free policy.
4. The test could include a request for a urine sample and/or a breath alcohol test.
5. Test results will be provided to the University's Office of Human Resources.
6. A positive test could result in corrective action up to and including termination of employment.
7. I may refuse my consent to submit to the drug/alcohol test.
8. If I refuse the test, adulterate, or dilute the specimen, substitute the specimen, or refuse to cooperate in the testing process in such a way that prevents completion of the test, I will be subject to corrective action up to and including termination.

Employee's statement, if any, regarding allegation: _____

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

I have read the form and **agree** to undergo testing for drugs and/or alcohol. I understand I may need to provide identification.

Employee Signature and Date: _____

I have read the form and **refuse** to undergo testing for drugs and/or alcohol.

Employee Signature and Date: _____

To be completed by Manager:

If employee refused to complete the form check here _____

Employee Signature Witnessed by: _____

Signature and Date