Reasonable Cause/Suspicion Drug or Alcohol Testing Worksheet

____ Reasonable Suspicion Checklist completed
____ Supervisor notified
____ Manager/Witness agrees testing warranted
____ Checklist and Consent Form reviewed with employee¹
____ Employee consents to test²
____ On-site testing service contacted
  On Demand Occupational Medicine
  330-270-3660  24/7 On-Site Testing Services
____ Test administered
____ Employee placed on paid administrative leave
____ Employee arranges for transportation³
____ Forms emailed to Benefits@YSU.edu ATTENTION:CHRO

¹ Union employee may request union representation &/or consult with union representative. Up to ½ hour to obtain representation.
² Employee who refuses test is placed on paid administrative leave & must arrange for transportation.
³ Contact YSU Police if employee refuses or signals they will drive themselves.