

PINELLAS COUNTY SCHOOLS
**DRUG FREE WORKPLACE
TESTING NOTIFICATION FORM**

CLIENT ADDRESS: Pinellas County Schools
ATTN: Human Resources
301 4th Street SW
Largo, FL 33770

SECTION 1: (To be completed by Supervisor/Anti-Drug Manager)

Employee Name: _____

You must report for a drug/alcohol test no later than:

Date: _____ Time: _____ [] a.m. / [] p.m.

Collection Site: _____

PRESENTED (Signature of Supervisor/Anti-Drug Manager)

ACKNOWLEDGED (Signature of Employee)

| | | |
|----------------------|--|--|
| TYPE OF TEST: | <input type="checkbox"/> DOT | <input type="checkbox"/> NON DOT |
| | <input type="checkbox"/> Urine Drug Screen | <input type="checkbox"/> Urine Drug Screen |
| | <input type="checkbox"/> Breath Alcohol Test | <input type="checkbox"/> Blood Alcohol |

CATEGORY OF TESTING (to be completed by a supervisor):

Pre-employment Random Post Accident Reasonable Suspicion
 Return to Duty Follow Up

D.O.T. EMPLOYEE AGENCY-FHWA (to be completed by a supervisor):

Driver

SECTION 2: COLLECTION SITE (Breath Alcohol Testing Information)

IF TEST RESULT IS NEGATIVE Mail Employer copy marked "CONFIDENTIAL" to address shown above.

IF TEST RESULT IS POSITIVE CONTACT THE SUPERVISOR LISTED BELOW IMMEDIATELY:

ANTI-DRUG MANAGER: _____

PHONE NUMBER: _____