

DRUG AND ALCOHOL TESTING POLICY EMPLOYEE ACKNOWLEDGMENT AND CONSENT

Employee Name (please print) _____ Date: _____

EMPLOYEE ACKNOWLEDGMENT

I, the undersigned employee of **DIOCESE OF EVANSVILLE**, acknowledge that I have received a copy of **DIOCESE OF EVANSVILLE'S** DOT Drug and Alcohol testing program, including its Employee Assistance Program. I certify that I understand the policy and provisions described in it and agree to follow the provisions contained therein.

I further acknowledge that I have received written information regarding FMCSA/DOT testing requirements, drug and alcohol testing procedures, the name(s) of person(s) designated to answer questions about the testing policy and procedures, the effects of drugs and alcohol on an individual's health, work and personal life, and **DIOCESE OF EVANSVILLE'S** Employee Assistance Program (EAP).

REFUSAL TO TEST

I am fully aware and agree that I may be discharged or disciplined for any violation by me of said DOT Alcohol and Drug Policy for any failure or refusal to provide urine and/or breath specimens when requested by my employer, for the failure or refusal to identify and certify same, for the failure to cooperate with the forms and other documents, and/or for any other failure or refusal to cooperate with my employer in its said DOT Alcohol and Drug Testing Program.

Under FMCSA/DOT regulations, substitution and/or adulteration of a specimen will be treated as a refusal to test. Such refusals shall be treated as a positive test result for the purpose of the regulations.

Any employee involved in a fatality accident who refuses to submit to a post-accident drug test in a timely manner shall be disqualified to drive a commercial motor vehicle for a period of one year.

Executed this the _____ day of _____, 20____.

Employer

Employee

ADDENDUM TO DRUG AND ALCOHOL POLICY

All employees of **DIOCESE OF EVANSVILLE**, who test positive for drugs and/or alcohol, will assume responsibility for all incurred testing fees. This includes positive results on pre-employment, probable cause, random, post-injury and post-accident testing.

All employees who request that split specimens be forwarded to another laboratory will be responsible for the cost.

Any employee who is referred for SAP evaluation will be required to incur the costs for the return-to-duty testing and all follow-up testing required by FMCSA/DOT and/or **DIOCESE OF EVANSVILLE**.

EMPLOYER

EMPLOYEE SIGNATURE

DATE

DATE