

## Pre-Employment Drug Testing Employer Reported Refusal to Submit or Positive Test Result

Purpose of Notification:  Refusal to Submit to Drug Test (Complete parts I, II, and III)

**OR**

Positive Results of Drug Test (Complete parts I, II, IV and V)

**This form must be submitted within 3 business days from the date the individual refused to submit to a drug test OR the employing unit received the positive drug test results from a DHHS Certified Lab. Late forms or forms without complete information and required attachments will not be considered.**

### I. INFORMATION FOR INDIVIDUAL OFFERED WORK

|   |  |                  |   |                   |
|---|--|------------------|---|-------------------|
| First Name  |  | Middle Initial   | Last Name   |                   |
| Address   |  | City             |   | State<br>Zip Code |
| Social Security Number  |  | Telephone Number |   |                   |
| Date of Conditional Job Offer   | Documentation of Conditional Offer <b>(Attach documentation to this form, e.g., letter, email)</b> |                  | Method Used to Offer                                    |                   |
| Date Employment Would Have Started  | Rate of Pay Offered  |                  | Work Location Zip Code                                  |                   |
| Number of Hours Offered per Week  | Work Schedule Offered (e.g. 8 a.m.-5 p.m. M-F or 3 p.m.-11 p.m. M, W, F)                           |                  |   |                   |
| Job Title and Duties of Position Offered  |  |                  |   |                   |
| Date Individual Notified Drug Test Required for Employment  |  |                  | Method Used to Notify Drug Test Required for Employment |                   |
| Date Individual was Notified Drug Testing Results <b>OR</b> Refusal to Submit to Drug Test may be Submitted to Department and the Method Used to Notify |  |                  |   |                   |
| Date Employer Rescinded Offer of Employment to Individual   |  |                  | Method Used to Notify Individual of Rescinded Offer     |                   |

### II. EMPLOYING UNIT

|                                   |  |                   |          |                   |
|-----------------------------------|--|-------------------|----------|-------------------|
| Employer Name                     |  | UI Account Number |          |                   |
| Contact Person                    |  | Telephone Number  |          |                   |
| Address                           |  | City              |          | State<br>Zip Code |
| Employer Representative Name      |  |                   | Position |                   |
| Employer Representative Signature |  |                   | Date     |                   |

### III. REPORTING REFUSAL TO SUBMIT

|  |   |  |
|--|---|--|
| Date Individual Refused to Submit to Drug Test   | Reason Individual Refused Test (if known) | Date Employer Received Notification of Refusal |
| Documentation Individual Refused to Submit to Test <b>(Attach documentation to this form, e.g., letter, email)</b> |   |  |

### IV. REPORTING POSITIVE RESULTS OF DRUG TEST

|                   |  |
|-------------------|--|
| Date of Drug Test | Date Employer Received Drug Test Results |
|-------------------|--|

### V. DHHS CERTIFIED LABORATORY INFORMATION

|   |                         |       |          |
|---|-------------------------|-------|----------|
| Laboratory Name   | Date Test was Submitted |       |          |
| Address   | City                    | State | Zip Code |
| Controlled Substances Detected <b>(A copy of the DHHS certified lab report must be attached to this form)</b> |                         |       |          |