

In accordance with the University's Drug and Alcohol Free Workplace regulation, you are being required to undergo an alcohol and/or drug test. In accordance with 13 NCAC 20.0401, this form explains your rights and responsibilities under the N.C. Controlled Substance Examination Regulation Act ("CSERA") (Chapter 95, Article 20 of the N.C. General Statutes) and the corresponding administrative rules (Title 13, Chapter 20 of the N.C. Administrative Code).

- You may refuse this test; however, if you do refuse testing, you may be subject to disciplinary action, up to and including termination.
- All screening of samples will be conducted by an approved laboratory.
- Any positive drug test result must be confirmed by an approved lab using gas chromatography with mass spectrometry (GS/MS) or an equivalent scientifically accepted method.
- You may request a "re-test" of any positive drug test sample that has been confirmed by an approved laboratory. The re-test can be conducted by the same or another approved laboratory. All re-tests must be of the same sample and must be paid for by the employee.
- Test results, medical history and any information regarding use of lawful prescription drugs will be kept confidential to the extent permitted by law and University regulation.
- You can file a complaint with the N.C. Department of Labor - Wage and Hour Bureau at (919) 807-2796 or 1-800-NC-LABOR if you believe procedural requirements of the CSERA were violated. The Department has no jurisdiction regarding an employer's requirement for controlled substance testing or its decisions regarding results of controlled substance testing.

Reason for Test (circle)

Reasonable Suspicion

Post-Accident

By signing below, I acknowledge that I have reviewed this notice and consent to the requested testing.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Witness Printed Name \_\_\_\_\_ Title \_\_\_\_\_

By signing below, I acknowledge that I have reviewed this notice and **do not consent** to the requested testing.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Witness Printed Name \_\_\_\_\_ Title \_\_\_\_\_

After review and completion of this form, you will be instructed to make arrangements for safe transportation to be tested (if you have consented to testing) or to return home (if you refuse testing). If you attempt unsafe transportation, your supervisor may notify law enforcement.

NOTES: