



**Reasonable Suspicion Testing Consent Form**

I, \_\_\_\_\_ (individual name), as an employee of Ohio University, have been informed that:

1. An individual may be in violation of [Ohio University Policy #41.133, \*Alcohol and Other Drugs\*](#) policy.
2. An individual may be asked to submit to a drug/alcohol test if reasonable suspicion exists that an individual may be in violation of the university's *Alcohol and Other Drugs* Policy.
3. I have been asked to submit to a drug/alcohol test to determine if I am in violation of the university's *Alcohol and Other Drugs* policy.
4. The test will include a request for a urine sample and a breath alcohol test.
5. I will be transported to a designated location where the specimens will be collected.
6. Test results will be provided to University Human Resources/Employee & Labor Relations.
7. A positive test could result in corrective action up to and including termination of employment.
8. I may refuse my consent to submit to the drug/alcohol test.
9. I may continue to be subject to corrective action up to and including termination if I refuse the test, adulterate or dilute the specimen, substitute the specimen, send an imposter, or refuse to cooperate in the testing process in such a way that prevents completion of the test.

Individual's statement regarding allegation:

At the conclusion of this process, I will be instructed to make arrangements for my safe transportation home and that my supervisor will notify the police if I attempt to operate a vehicle

I have read the form and **agree** to undergo testing for drugs and/or alcohol. I understand I will need to provide identification at the collection site.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have read the form and **refuse** to undergo testing for drugs and/or alcohol.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed by (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ am  / pm

(Printed Name): \_\_\_\_\_ Title: \_\_\_\_\_

**Witnessed by (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ am  / pm

(Printed Name): \_\_\_\_\_ Title: \_\_\_\_\_

Completed form to be submitted to [Area HR Liaison](#).