

Suspicion Drug Testing Program Notification Form

Employee Name (Please Print)

Employee ID #

Section 1 (To be completed by supervisor)

Complete the employee information. Indicate the appropriate agency collection site, type of test, and category of testing.

Employee Worksite

Employee Home Telephone Number

Date

Time a.m./p.m.

Collection Site

Type of Test

- Urine Drug Screen
- Breath alcohol

Category of Testing

- Reasonable Suspicion
- Return-to-duty
- Follow-up

Signature of Supervisor

Signature of Employee

Section 2 Collection Sites

District's CareHere Health & Wellness Centers
Company Care
Professional Onsite Management, Inc.
LabCorp Patient Service Centers (Drug Only)

If Test Result
is **Negative:**

Mail employer copy
marked "Confidential" to:

Office for Employee Relations
Pasco County Schools
7227 Land O' Lakes Boulevard
Land O' Lakes, FL 34638

If Test Result
is **Positive:**

Contact the Office for Employee Relations immediately at (813) 794-2322 or (813) 390-8493.

If Employee Relations cannot be reached by the Breath Alcohol Technician (B.A.T.), contact FirstLab immediately at (800) 732-3784.