



Drug and Alcohol Screening Acknowledgement

Candidate or Employee Full Name (Print): _____

Clayton State University Drug and Alcohol Screening Policy:

<https://www.clayton.edu/human-resources/current-employees/resources-policies>

INSTRUCTIONS:

1. Report to the designated testing location as ordered.
2. Please be prepared to present valid picture identification.
3. Please be sure to retain any receipts or confirmations of screening completion provided to you by the designated testing location.

YOU ARE ADVISED THAT IF:

- a) you expressly decline to submit to an alcohol or drug testing;
- b) you fail to appear at the testing location by or within the specified time;
- c) you engage in conduct that obstructs the testing process;
- d) you fail to provide adequate urine (normally 45 ml.), or breath for alcohol testing, or other samples for testing without an acceptable medical reason;
- e) you leave the testing site before providing an adequate sample in the allotted time (up to 3 hours if necessary);
- f) the temperature of your specimen is outside the acceptable range;
- g) the laboratory or the medical review officer (MRO) determines that your sample has been adulterated or substituted, or,
- h) the testing indicates the use of an illegal drug(s) without a legitimate medical explanation;

It will be considered a refusal, and the actions described below will be taken:

1. The offer of employment will be rescinded, and you will be ineligible for employment by any State entity for two years.
2. For current Employees, appropriate discipline will be enacted, which may include (without limitation) reassignment, suspension with or without pay pending professional counseling, treatment, and evaluation, or discharge.

My signature below certifies that I agree to the information contained in this document in addition to Clayton State University's policies and procedures concerning Drug and Alcohol Screening and applicable, related policies.

Candidate or Employee Signature

Date