

GALLIPOLIS CITY SCHOOL DISTRICT

DRUG/ALCOHOL TESTING INFORMATION REFERRAL FORM

Referring Supervisor or Administrator: Complete this form when sending an applicant/employee for drug/alcohol testing. Please PRINT all information.

Applicant/employee: Present this form, the laboratory's Chain of Custody Form and/or the drug testing collection kit as applicable and a valid picture identification to collection site personnel at the time of arrival at the designated collection site.

NAME OF INDIVIDUAL TO BE TESTED: _____

INDIVIDUAL'S TELEPHONE NUMBER(S):

HOME: _____

WORK: _____

TYPE OF TEST BEING REQUESTED:

_____	Pre-employment/Pre-Duty	_____	Drug	_____	Alcohol
_____	Reasonable Suspicion	_____	Drug	_____	Alcohol
_____	Post-accident	_____	Drug	_____	Alcohol
_____	Return-to-duty	_____	Drug	_____	Alcohol
_____	Random	_____	Drug	_____	Alcohol
_____	Follow-up	_____	Drug	_____	Alcohol
_____	Periodic Physical Exam	_____	Drug	_____	Alcohol
_____	Return After Leave of Absence	_____	Drug	_____	Alcohol
_____	Other	_____	Drug	_____	Alcohol

NAME OF REFERRING SUPERVISOR: _____

WORK PHONE NUMBER: _____

DATE: _____

[Adoption date: November 20, 1995]

Revised: July 17, 1996