



WYLIE ISD
Transportation Department
670 Country Club Road
Wylie, Texas 75098
www.wylieisd.net

Wylie ISD Department of Transportation (DOT) & Drug Screen Authorization Form

Employee Name: _____ Position: _____

Date of Birth: _____ Last 4 Digits of SSN: xxx-xx-_____

Department/Campus: _____

Requested Service(s) (Check all that apply):

DOT Physical: No Yes

Drug Screen Panel: No Yes (Panel Type): _____

Other requested service(s): _____

Providers: Please submit DOT results, drug screen results and billing invoices to:

Wylie ISD Transportation Department

Phone: 972-429-2316

Fax: 972-429-6358

Email: Jessie.Murphy@wylieisd.net

Campus/Department Authorization (signature): _____ Phone Number: _____

Campus/Department Authorization (printed name): _____ Date: _____

Campus/Department: Please give this form to the employee to take with them to the provider along with their District badge.