

## FOR CAUSE DRUG TESTING AUTHORIZATION

*To be completed by the supervisor of the employee to be tested.*

1. Name of employee suspected of substance abuse. \_\_\_\_\_
2. Reasons why you suspect them of substance abuse. Be as specific as possible, including times and dates where unusual behavior was observed, and the names and whereabouts of those witnessing the behavior. If you suspect the employee of abusing any particular substance, please list it.
3. Based on the information above, it is my opinion that there is reasonable cause to believe that this employee has engaged in substance abuse.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Name of supervisor completing this form \_\_\_\_\_

Approval obtained from:

(1) Division of Human Resources by \_\_\_\_\_ (name);  
and,

(2) Other (see section 6.4) by \_\_\_\_\_ (name).

*To be completed the employee to be tested (optional).*

Are you taking any medications, or is there any other information you believe might explain your behavior or assist the physician interpreting your test?

The original of this form must be given to the Human Resources Division for inclusion in the employee's records, with one copy kept by the supervisor and one given to the employee.