



**ALBUQUERQUE PUBLIC SCHOOLS
EMPLOYEE CONSENT FOR DRUG/ALCOHOL TESTING**

I, _____, hereby consent to be tested for the presence of a controlled substance (drugs) and/or alcohol at a laboratory designated by my employer. I authorize the release of the test results to the Medical Review Officer or physician designated by the Albuquerque Public Schools and to the Director of Risk Management of the Albuquerque Public Schools.

I understand that tampering with a test including providing false information on a specimen's chain of custody form constitutes grounds for disciplinary action up to and including termination. I understand that refusal to take or failure to pass the test for the presence of a controlled substance and/or alcohol may result in disciplinary action up to and including termination.

I have reviewed and understand the material above.

Employee's Signature _____

Employee Number _____ Date of Birth _____

Witness (i.e. Supervisor) _____

Date/Time _____

REFUSAL FOR DRUG/ALCOHOL TESTING

I have been given a direct verbal order regarding completion of a test for the presence of a controlled substance and /or alcohol. I understand that refusal of a direct verbal order to complete a test for the presence of a controlled substance and/or alcohol may result in disciplinary action up to and including termination.

Employee's Signature _____

Employee Number _____ Date of Birth _____

Witness (i.e. Supervisor) _____

Date/Time _____