



# REASONABLE SUSPICION TESTING CONSENT FORM

I, \_\_\_\_\_ (individual name), as an employee, or student employee of Community Colleges of Spokane, have been informed that:

1. An individual may be asked to voluntarily submit to a drug/alcohol test if reasonable suspicion exists that the individual may be in violation of the Drug-Free Workplace policy.
2. I have been asked to voluntarily submit to a drug/alcohol test to determine if I am in violation of the college's Drug-Free Workplace Policy.
3. The test may include a urine sample and/or a breath alcohol test.
4. I will be transported to and from a designated location where the specimens will be collected.
5. The test results will be provided to Community Colleges of Spokane, Chief Administration Officer, Human Resources.
6. A positive test could result in disciplinary action up to and including termination of employment.
7. I may refuse to submit to the drug/alcohol test, but such refusal may be considered a violation of Board Policy 1.70.03 and cause for disciplinary action up to and including termination under either the provisions of the applicable collective bargaining agreement or application rule/procedure.
8. I will be subject to disciplinary action up to and including termination if I adulterate or dilute the specimen, substitute the specimen, send an imposter, or refuse to cooperate in the testing process in such a way that prevents completion of the test.

**My supervisor's reasonable suspicion statement regarding allegation:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

At the conclusion of this process, I will be instructed to make arrangements for my safe transportation home and my supervisor may notify the police if I attempt to operate a vehicle while under the influence of a controlled substance.

I have read the form and **voluntarily agree** to undergo testing for drugs and/or alcohol.

\_\_\_\_\_ (Employee/Student EE Signature) \_\_\_\_\_ (Date)

I authorize the laboratory to disclose all pertinent medical information and all laboratory results to an authorized representative of CCS.

\_\_\_\_\_ (Employee/Student EE Signature) \_\_\_\_\_ (Date)

I have read the form and **refuse** to undergo testing for drugs and/or alcohol.

\_\_\_\_\_ (Employee/Student EE Signature) \_\_\_\_\_ (Date)

Witnessed by (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.  
 (Printed name): \_\_\_\_\_ Title: \_\_\_\_\_

Witnessed by (signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.  
 (Printed name): \_\_\_\_\_ Title: \_\_\_\_\_

Fax all documentation to 509-434-5055 to Chief Administration Officer, Community Colleges of Spokane; or bring to CCS Human Resources, 501 N. Riverpoint Blvd., Suite 125, Spokane, WA 99224. For questions, call 509-434-5040.