

**FORM 3**

**EMPLOYEE REFUSAL TO SUBMIT TO SUBSTANCE ABUSE TESTING**

I have been informed by my supervisor of behaviors that constitute a reasonable suspicion that I am currently under the influence of alcohol or drugs. I have been further informed that university policy requires me to submit to a substance abuse testing of my blood and/or urine under such circumstances.

**I understand that my refusal to submit to substance abuse testing may in and of itself be grounds for corrective action, up to and including termination of my employment.**

I hereby refuse to authorize or submit to any substance abuse testing of my blood and/or urine for alcohol and/or drugs.

\_\_\_\_\_  
Employee – Print Name

\_\_\_\_\_  
Employee – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor – Print Name

\_\_\_\_\_  
Supervisor – Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Union Representative – Print Name

\_\_\_\_\_  
Witness/Union Representative – Signature

\_\_\_\_\_  
Date

**Note to Supervisor:** *If employee refuses to sign either the Consent to Drug and/or Alcohol Testing Form or this refusal to test form, please complete the following Statement of Refusal.*

**Statement Of Employee Refusal**

I, the supervisor whose signature appears below, affirm that I explained to \_\_\_\_\_ the information that appears above and informed the employee that refusal to submit to substance abuse testing based upon reasonable suspicion was grounds for termination of employment. The employee refused to sign either the consent or the refusal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date