

For-cause Report Form

Instructions: Parts A through C must be completed by a trained supervisor and signed by both the supervisor and the facility/unit head (or designee) prior to transporting an employee to undergo for-cause drug/alcohol testing.

Part A: Employee's Name: _____ State Employee ID#: _____
Job Code: _____ Facility/Unit: _____
Date of Occurrence: _____ Time of Occurrence: _____
Specific Location of Occurrence: _____

Part B: Place a check (✓) to identify the specific reason cited for-cause that applies to this occurrence and complete all requested information pertaining to that reason.

___ 1. Drugs or alcohol on, or about the employee's person, or in the employee's vicinity.

___ 2. Conduct on the employee's part that suggests impairment or influence of drugs or alcohol.

___ 3. Report of drug or alcohol use while at work or on duty, provided by a reliable and credible source and which has been independently corroborated

Name of Source: _____ Title: _____

Reason for believing source is reliable and credible: _____

Nature of independent corroboration: _____

___ 4. Information that an employee has tampered with drug or alcohol testing at any time.

Describe the information relied upon: _____

___ 5. Documented negative patterns of performance.

___ 6. Excessive or unexplained absenteeism or tardiness.

___ 7. Anytime a drug detection canine alerts on an employee.

Part C: Provide a complete narrative description of the circumstances, including any facts, inferences drawn from those facts, and witnesses relied upon, which constitutes the reasonable belief held that the employee has engaged in prohibited drug or alcohol use:

Facility/Unit Head Signature (or designee)

Date