



# Construction Data Service

AN INTERNATIONAL ON-SITE DRUG TESTING, SAFETY & MEDICAL MANAGEMENT COMPANY

## THE CENTRAL ILLINOIS BUILDERS OF AGC AND GREAT PLAINS LABORERS' DISTRICT COUNCIL JOINT LABOR MANAGEMENT SUBSTANCE ABUSE TESTING PROGRAM EMPLOYEE NOTICE OF POLICY, CONSENT AND RELEASE

Your Employer is a member of the Great Plains Laborers' District Council Substance Abuse Testing Program (Program), which prohibits the use, abuse, presence in the body, or reporting to work under the influence, bringing onto the worksite, the unlawful manufacture, distribution, possession, transfer, storage, concealment, transportation, promotion or sale of illegal and unauthorized drugs, controlled substances, alcoholic beverages or drug related paraphernalia by employees, and any of the foregoing is a violation of this Program and will subject the employee to disciplinary action, up to and including immediate termination.

The following types of testing will be conducted under the Program by use of urine, breath, saliva or blood:

**Pre-employment Testing**  
**Pre-Access Testing**  
**Post-Accident/Incident Testing**  
**Return-to-Work Testing**

**Random Testing**  
**Reasonable Suspicion/Cause Testing**  
**Follow-up/Probationary Status Testing**

A copy of the Substance Abuse Testing Program has been provided to me. I understand that my refusal to submit to an alcohol or drug test, or my refusal to cooperate fully with the drug testing procedures, a positive test result, or any violation of the Program, will be sufficient cause for disciplinary action, up to and including immediate termination. Any and all discipline provided hereunder against Union-represented bargaining unit employees shall be subject to the grievance/arbitration provision of the parties' applicable Collective Bargaining Agreement.

This will acknowledge that I have read and understand the above and that I have been given a copy of the Program Policy and agree to comply with the Program. I consent to have trained personnel collect urine, breath, saliva or blood samples from me to determine the presence or use of illegal drugs or controlled substances and alcohol.

**I authorize the release of my test results to my current Employer for employment purposes, my Employer's Third-Party Administrator (TPA), the clinic, the laboratory, and the Medical Review Officer (MRO), as legally required and upon request to the parties of a grievance initiated by the employee or Union. In addition, I authorize the TPA to add my name and related eligibility status to the Program database for other Contractor companies that could be my future employers to view my eligibility status.**

**I authorize the MRO to verify my health information as it pertains to my drug test results with my prescribing physician and issuing pharmacist.**

In the event the drug and alcohol test results are positive, I acknowledge that I have the right to request that the **original sample** be retested by a SAMHSA certified laboratory of my choice. The request must be made to the MRO within twenty-four (24) hours of when I am notified of a confirmed positive test. I shall pay the initial cost for a retest in advance to the MRO. In the event that said retest should prove to be negative, I will be reimbursed for the cost of the test, paid any back wages and benefits lost, and made re-eligible for hire if work is available or reinstated as an employee provided work is available on the Employer's property. Only in instances where a replacement employee has been utilized by the Employer during the interim period (i.e., from the time when I was taken off the job because of the preliminary positive test to the time that confirmation of the test was deemed negative), and the rehiring of me to replace said replacement employee shall cause a hardship, shall the Employer not be required to immediately rehire me in the same position I held at the time of submitting to the drug and alcohol testing procedure.

\_\_\_\_\_  
Employee **SIGNATURE**

\_\_\_\_\_  
SSN / Union Card Number

\_\_\_\_\_  
Craft/Trade

\_\_\_\_\_  
Employee **PRINTED** name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Date

**Please mail or hand-deliver this completed form to your Local Union Office!**