



Construction Data Service

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

CIB-AGC, GPCSA, BATC & CARPENTERS JOINT LABOR MANAGEMENT SUBSTANCE ABUSE TESTING PROGRAM EMPLOYEE NOTICE OF POLICY, CONSENT AND RELEASE

Your Employer is a member of the Central Illinois Builders of AGC, the Greater Peoria Constructors & Suppliers Association, the Builders Association of Tazewell County and the Mid-Central Illinois Regional Council of Carpenters 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:

Implementation Testing
Pre-Access Testing
Post-Accident/Incident Testing
Return-to-Work Testing

Pre-employment Testing
Random Testing
Reasonable Suspicion/Cause Testing
Follow-up/Probationary Status Testing

A copy of the Substance Abuse Testing Program's Policy 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 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. In the event that my employer is subject to an owner-mandated substance abuse policy that the Board of Trustees determine satisfies the terms and conditions set forth in the Substance Abuse Testing Program's Procedures, then I consent and authorize my employer, my employer's Third Party Administrator (TPA), the clinic, the laboratory, and the Medical Review Officer (MRO) to share my test results with Construction Data Services (CDS) and hereby authorize CDS to add my name and eligibility status to the Program database. I understand that I have the option, by initialing here, [] to REVOKE my consent and authorization for my test results under an owner-mandated substance abuse policy to be shared with CDS, and understand that by revoking my consent and authorization, I will not be removed from this Program's random pool.

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 including benefits, and reinstated as an employee provided work is available.

Employee **SIGNATURE**

SSN / CIC ID Number

Craft/Trade

Employee **PRINTED** name

Employer

Date