

Human Resources Department
100 Broadway, Rm. 213
Norwich, CT 06360



CITY OF NORWICH
CONNECTICUT

(860) 823-3836
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www.norwichct.org/hr

REASONABLE SUSPICION / POST-ACCIDENT ALCOHOL/DRUG TEST CONSENT FORM

EMPLOYER: Below, check the box(s) describing your request for the employee submit to an alcohol and/or drug test:

Check all that apply:

- Physical Signs and Symptoms
 Post-Accident

EMPLOYEE:

I, _____, as a condition of employment with the City of Norwich, hereby give my consent to and authorize the City and the testing laboratory designated by the City to perform analytical tests deemed necessary to determine the absence or the presence of alcohol and/or drugs in my urine and/or blood and/or breath as specified by City policy.

I give my consent to release the results of the test(s) and other medical information from the laboratory to individuals with the City who, pursuant to City policy, have a need to know the alcohol and drug testing results. I understand the results of the test may not be used in any criminal proceeding.

I further understand that a positive test for alcohol and/or drugs, or my refusal to authorize the tests by signing this form, take the specified tests, or failure to produce a specimen, may result in disciplinary action up to and including termination in accordance with City policy.

Employee Signature

Date

Supervisor Signature if employee refuses to sign or test

Date

Witness Signature if employee refuses to sign or test

Date

Original to:
Testing Facility

Copies to:
Employee
Human Resources

April 2015