

**FORM 2**

**EMPLOYEE AUTHORIZATION AND CONSENT TO SUBMIT TO SUBSTANCE ABUSE TESTING**

I, \_\_\_\_\_, an employee of Indiana University, having been advised by the person or persons whose names appear below that there is reasonable suspicion to believe that I am presently under the influence of drugs and/or alcohol in the workplace, hereby acknowledge that I have been informed that university policy requires me to submit to a substance abuse test under such circumstances. I have been further advised that my refusal to submit to such test may be grounds for disciplinary actions, up to and including termination of my employment.

I have further been informed that a substance abuse test given under such circumstances will be done confidentially.

I have been advised of the following behaviors that constitute a reasonable suspicion that led to this request for a substance abuse test:

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I hereby consent to the collection of a specimen or specimens of my blood and/or urine by Promptcare personnel and further consent to the testing of the collected specimen(s) for drug/alcohol content and analysis. I further consent to the release of the results of such tests to Indiana University's Office of Risk Management and University Human Resource Services. I also consent to the release of the results of such tests to my department director and/or other decision makers who have a need to know the results for disciplinary and/or other decision-making purposes.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

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

\_\_\_\_\_  
Supervisor Signature and Title

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

\_\_\_\_\_  
Witness/Union Representative (if applicable)

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