



Excusal from the Drug and Alcohol Random Selection

Today's Date: _____

Company Name: _____

Company Phone: _____

Employee Name: _____

Quarter Selected for (circle one): Q1 Q2 Q3 Q4

Test Selected (circle one): Drug Breath Alcohol Drug & Breath Alcohol

My employee _____ is not available for testing due to following reason:

- TERMINATION / LAY OFF
- MEDICAL LEAVE
- OTHER _____

As of: _____ .
Date

I understand that by submitting this form, employee above will be excused /removed from consortium pool, and alternate available employee selected must perform test(s) for this quarter.

Signature of DER

Printed Name of DER

Date