



Department of Health and Human Services
Drug Test Program

Consent and Acknowledgement Form
For Random Testing
and
Reasonable Cause

As an employee of the North Carolina Department of Health and Human Services, I hereby consent to and acknowledge that I am scheduled to undergo a drug and/or alcohol test. The test will involve an analysis of a urine and/or breath sample which I will provide at a designated collection site. The purpose of the test will be to detect the presence of the following substances: marijuana/cannabinoids (THC), cocaine metabolites, opiates, phencyclidine (PCP), amphetamines/methamphetamines, methadone, barbituates, benzodiazepines, tricyclic antidepressants and/or alcohol. I acknowledge that the test result will be made available to the Human Resource Manager of my employing Agency. I understand that a refusal to submit to a drug or alcohol test or a confirmed positive test result will result in disciplinary action as outlined in the Department's Alcohol and Drug Free Workplace Policy.

I acknowledge that a copy of this form will be maintained in my personnel file.

Name of Employee: _____

Division/Facility/School Name: _____

Employee Social Security Number: _____

Expanded test substances: _____

Signature of Employee

Date

Signature of Human Resources Manager

Date