

DRUG/ALCOHOL TEST APPEAL FORM – NON-CDL DRIVERS

Employee Name: _____

I have received notification of the results of my drug/alcohol test and wish to appeal those results.

By signing this form, I am indicating that I understand that:

- My original urine sample will be re-tested by an independent laboratory and that I may not submit a new urine sample.
- The result of the re-test will be deemed final and binding and not subject to any further test.
- I will be responsible for the cost of this retest.
- I can not return to work until after the results of the re-test are received by the Drug and Alcohol Policy Coordinator and that any possible disciplinary action that might arise due to a drug/alcohol policy violation will also be stayed until receipt of the new results.
- Breathalyzer tests are validated at the collection site and that breathalyzer results may not be appealed.
- This appeal form must be received by the Drug & Alcohol Policy Coordinator within five (5) days of receipt of the test results in order to be valid. Failure to return this form within the five (5) day appeals period is deemed acceptance of the original test results.

Employee Signature

Date

Instructions: Place completed form in a sealed envelope marked "CONFIDENTIAL" and deliver to:

Drug and Alcohol Policy Coordinator
Central Human Resources/ Labor Relations
503/3 – 3rd floor of the Multnomah Building
501 SE Hawthorne Blvd, Suite 300, Portland, OR 97214