

DRUG/ALCOHOL RESULT APPEAL REQUEST

The purpose of this request is to provide the employee an opportunity to contest the drug or alcohol test results as reported by the Medical Review Officer (MRO) with ten (10) business days upon receipt of being informed by the General Manager. Please indicate your intention and initials either "Yes" or "No" below.

Failure to submit the Drug/Alcohol Appeal Request to the HR Division within ten (10) business days of receipt by the employee shall result in an "Acceptance" of the drug/alcohol result.

_____ YES, I am exercising my right to dispute the drug/alcohol test results as reported by the MRO. I understand that I may "re-test" the same urine specimen and the cost of the "re-test" will be at my expense. Also, I am aware that a payment of \$ _____ must be received by the GWA during this period prior to a "re-test" of the same urine specimen is authorized. I may provide supporting documents by a physician to be considered within this time period with this request.

_____ NO, I will not be requesting to appeal the drug/alcohol results.

Employee Information:

I acknowledge receipt of this form and have read and understood its contents. I voluntarily and willingly submit the foregoing without pressure, intimidation or harassment on the part of management in submitting this document. Submission of the Drug/Alcohol Appeal Request must be received by the GWA Personnel Administrator or designee within ten (10) business days from the date of receipt of the memo from the General Manager informing me of my results. Failure to submit the Drug/Alcohol Appeal Request, shall result in an "Acceptance" of the drug/alcohol test results.

Print Employee Name & Badge #:

Employee Signature & Date

Last Four (4) Digits of SSN: XXX-XX-_____

Date of Birth: _____

<i>For Human Resources Use Only</i>	
Receipt & Time of Request	
Supporting Documents Attached (Yes or No)	
Date of Results	
Date Laboratory and MRO Notified (Yes or No)	
Scheduled Date of "Re-Test"	
Final Results by MRO (Confirmed Negative or Positive)	

HR Notes (as necessary):

Print Personnel Administrator or Designee Name: _____

Personnel Administrator or Designee Signature & Date: _____

Print General Manager Name: _____

General Manager Signature & Date: _____