

WORKERS' COMPENSATION SUBSTANCE ABUSE NOTICE

TO: _____
(Employee Name)

FROM: _____
(Company Name)

It is the policy of this employer to provide a safe work environment for all of its employees. Accordingly, the following procedures are now in place:

- All applicants for employment will be drug tested. A positive result for illegal substances or refusal to submit to test prohibits applicant from being employed by this company.
- All employees involved in an on-the-job accident may be drug tested by a blood test.
- In the event of a positive drug test, the employee may face a loss of workers' compensation benefits and/or be terminated.
- If an employee refuses to submit to a drug test following an on-the-job accident, he or she will face the same possible loss of workers' compensation benefits and/or termination.
- By his or her signature below, the employee and/or applicant expressly consents to be drug tested as a condition of employment and/or immediately following any job related accident and further consents to release the results of the drug test to the employer/insurer or any of its representatives.
- The employee has the right to report injuries and illnesses to the employer free from retaliation.
- All _____ (Company Name) employees are subject to random and/or reasonable suspicion drug testing.
- I acknowledge I have received a copy of _____ (Company Name) Substance Abuse Policy.

EMPLOYEE SIGNATURE

DATE