

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

EMPLOYEE CONSENT FORM FOR ALCOHOL / DRUG TESTING

I give my permission to Texas Tech University Health Sciences Center (TTUHSC) and/or any approved person designated by TTUHSC to test my body fluids or breath at the time this application for employment is made or at any other time during my employment with TTUHSC for the purpose of detecting alcohol, drugs, or any other substance that may affect my ability to safely operate a vehicle and/or work safely.

I have had explained, or have received, and understand the following:

☐

A copy of the TTUHSC Operating Policy and Procedure, 70.41, Drug and Alcohol Testing for Safety-sensitive Positions Requiring a Commercial Drivers License;

☐

The identity of the person(s) designated by the department to answer questions about the educational materials;

☐

Notice of which positions in the department are subject to these regulations;

☐

A notice to all safety-sensitive position personnel and applicants that they must submit to an alcohol/drug test;

☐

TTUHSC will not be held liable for negligence by the drug testing company.

Applicant/Employee Name: _____ R#: _____

Applicant/Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____