

Reasonable Suspicion Test Consent Form

I, [REDACTED], hereby acknowledge that I have been informed of the reasons for being requested to submit to a reasonable suspicion drug and/or alcohol test as part of my employment conditions.

Date: [REDACTED]

Supervisor Name: [REDACTED]

Location of Test: [REDACTED]

Drug Test Alcohol Test

Employee Signature: [REDACTED]

Supervisor Signature: [REDACTED]

Submit