

**FOR CAUSE DRUG AND/OR ALCOHOL TESTING**

***AUTHORIZATION & RELEASE FORM***

I have reviewed a copy of the West Virginia Division of Personnel's *Drug- and Alcohol-Free Workplace Policy* (DOP-P2). In accordance with the provisions of the policy, I consent to test for the current use of drugs and/or alcohol and release **[Agency Name]** and/or any other authorized personnel from all liability for damages whatsoever arising from or connected in any way with such test.

I hereby authorize the laboratory, hospital, clinic, or institution to furnish to **[Agency Name]**, or its representative, the results of such tests and release any and all such laboratory, hospital, clinic, and institution from all liability for any damages whatsoever in furnishing such results and information.

I understand that refusing to take the test or a positive test result may result in disciplinary action up to and including dismissal. I further understand that I am not to return to work until directed to do so by my employer.

I understand that any challenge I make of these test results must be made within three (3) calendar days after I am notified of the results. I also understand that **[Agency Name]** is responsible for expenses related to the initial test but any expense incurred in challenging a positive test result will be my responsibility.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Print Full Legal Name

\_\_\_\_\_  
Date