

Consent to Drug and Alcohol Testing

(This form is for the consent of drug and alcohol testing made pursuant to TTU OP 70.20)

Texas Tech University System and Texas Tech University (all hereinafter "TTU") are committed to providing a safe work environment for all employees. When employees are impaired due to the use of drugs or alcohol, they become a safety hazard to themselves and others in the workplace. Therefore, TTU provides a drug and alcohol testing policy in support of a drug free workplace. **Applicant/Employee shall place their initials on the line beside each paragraph below.**

_____ I understand that any offer of employment to me by TTU is conditional upon my successful completion of a drug test to confirm that there are no illegal or unauthorized substances in my system. I hereby voluntarily agree, upon a request made under the TTU drug/alcohol testing policy, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis.

_____ I further consent to a drug test whenever I am involved in an accident causing an injury to anyone or damage to property owned by others or TTU and reasonable suspicion exists that drug or alcohol use might be a factor.

_____ I understand and agree that if I at any time refuse to submit to a drug or alcohol test under TTU policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate rejection as an applicant or termination as an employee.

_____ I authorize TTU to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

_____ In consideration of TTU's review of my application for employment, and/or continued employment with TTU, I hereby hold harmless and release TTU, its Board of Regents, employees, and agents from all claims or liabilities that might arise from the drug test or the disclosure of its results, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.

_____ This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

Applicant/Employee Name - Printed:

Applicant/Employee Signature:

Date:

Hiring Manager Signature:

Date:

DISTRIBUTION

Original - Department File

Copy - Human Resources (Attach ePAF)

Copy - Employee