



Greene County Drug Testing Consent and Release Form

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Greene County for the purpose of determining the drug content thereof.

I hereby acknowledge that I have been notified of the requirements of the Greene County Substance Abuse Policy.

I agree that Greene County may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by Greene County for analysis.

I further agree to and hereby authorize the release of the results of said tests to Greene County.

I understand that it is the current use of illegal drugs that prohibits me from continued employment with Greene County.

I further agree to hold harmless Greene County and its agents from any liability arising, in whole or in part, out of collection of specimens, testing, and use of the information from said testings in connection with Greene County's consideration of my continued employment.

I further agree that a reproduced copy of this consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its content. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Employee: Print Name: _____ SS#: _____

Employee : Signature : _____ Date: _____

Witness Printed Name: _____

Witness Signature: _____

Guardian Signature (if employee under 18): _____

Drug Test

Blood Alcohol

Breath Alcohol

Cause / Reasonable Suspicion

Post-Accident

Random

Follow-up Treatment

Other: _____