

SECTION: CLASSIFIED
EMPLOYEES
TITLE: PRE-EMPLOYMENT
DRUG TESTING
ADOPTED:
REVISED:

CALIFORNIA AREA SCHOOL DISTRICT

551.1 PRE-EMPLOYMENT DRUG TESTING POLICY	
1. Purpose	Abuse of alcohol and controlled substances in the workplace is a danger to the safety and health of employees and students of the California Area School District. The responsibility for maintaining an alcohol and drug-free workplace is entrusted to the Board of School Directors. Such a workplace enhances the safety of all employees and ensures their fitness to fulfill job responsibilities.
2. Authority	<p>As a condition of employment, the Board of School Directors will hire no one who tests positive on the drug screening, unless the drug has been prescribed by a licensed physician.</p> <p>Enforcement of the school district's program and policy regarding the abuse of drugs requires that candidates for employment must provide appropriate body fluid specimens for testing.</p>
3. Guidelines	<p><u>Procedures</u></p> <ol style="list-style-type: none">1. All drug testing will be conducted by a California Area School District approved and Pennsylvania Department of Health certified medical testing laboratory. All testing shall be performed and positive test results will be verified using approved methodologies by a certified laboratory.2. A listing of approved testing centers will be maintained in the office of the Superintendent.3. Testing Procedure<ol style="list-style-type: none">a. Each applicant must sign a consent form, when the specimen is required.

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| | <ul style="list-style-type: none">b. The selected finalist for a position shall be issued a voucher by an administrator redeemable at pre-approved laboratories. Vouchers are valid for up to twenty-four (24) hours. Failure to redeem the voucher within the twenty-four (24) hours will be grounds for employment denial. A positive drug test will nullify the employment opportunity. The cost of the testing will be borne by the school district. Applicants may appeal the positive result and submit to retesting using the same specimen, school district approved procedures and laboratory, but must individually pay for the confirmation test if the results are the same.4. Specimen test results will be treated as privileged information and will be kept confidential. Test results shall not be disclosed to any individuals inside or outside the school district, except designated administrative representatives having a legitimate need to know in order to make decisions.5. Test result information will be provided to the employee tested. |
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PRE-EMPLOYMENT DRUG TESTING VOUCHER

CALIFORNIA AREA SCHOOL DISTRICT

To be completed by Human Resource Office:

Employee Name _____

Employee Address _____

Employee Birth Date _____

Social Security No. ____ - ____ - ____

California Area School District authorizes approved lab listed on the attached sheet to perform a drug screen on the above individual. Cost of the testing will be borne by the California Area School District.

Authorization Date Time Time Limit

I have received this voucher at the date and time listed above and I understand that it must be redeemed within the time frame outlined in the Procedures for Drug Testing.

Employee Signature

PRE-EMPLOYMENT DRUG TESTING INFORMED CONSENT FORM

I, _____ Social Security No. _____ - _____ - _____, in accordance with the drug abuse policies of the California Area School District, which I have read and understand, do hereby give my consent for the California Area School District-approved laboratory to perform urine tests on me for the purpose of determining the presence of drugs pursuant to the policies and procedures developed by the California Area School District, and agree to hold all parties harmless.

I authorize the release of these results to the California Area School District and understand that if the test results indicate the presence of any drug, other than a drug prescribed by my doctor, I will not be recommended for employment.

I am taking the following medications: (Include over-the-counter medication taken for headache, colds, allergy, weight control, pain, indigestion, asthma, etc. Reporting birth control medication and doctor's diagnoses are not required).

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Name of Medication

Doctor Issuing Prescription

Donor's Signature

Date

Representative's Signature

Date