

ATTACHMENTS TO DRUG AND ALCOHOL TESTING POLICY

Attachments A through D are to be used in conjunction with the drug and alcohol testing of bus drivers and driver applicants.

- Attachment A is a “Driver Acknowledgment — Drug and Alcohol Testing Policy Materials” form which should be used to document receipt of the policy and other materials by drivers and driver applicants. It is referred to in Article III, Section C, paragraph 4 of the policy.
- Attachment B is a “Bus Driver or Driver Applicant — Authorization to Release Information” form. It is referred to in Article III, Section H, paragraph 1 of the policy.
- Attachment C is a “Bus Driver or Driver Applicant — Drug and Alcohol Test Consent, Release, and Acknowledgment” form. It is referred to in Article III, Section H, paragraph 7 of the policy.
- Attachment D is a “Bus Driver or Driver Applicant — Refusal to Submit to Testing” form. It is referred to in Article III, Section H, paragraph 8 of the policy.

Attachments E through H are to be used in conjunction with drug and alcohol testing of non-bus drivers and applicants.

- Attachment E is a “Pretest Notice” that must be provided to non-school bus driver employees or job applicants before requesting that the employee or job applicant undergo drug or alcohol testing. It is referred to in Article IV, Section E, paragraph 1 of the policy.
- Attachment F is a “Notice of Test Results and Various Rights” which should be used by the District when notifying non-school bus driver employees or job applicants of test results and other rights. It is referred to in Article IV, Section E, paragraph 6 of the policy.
- Attachment G is an “Explanation of Positive Test Result” form which should be used by the School District to request that the employee or job applicant submit information to the School District relevant to the reliability of, or explanation for, a positive test result. It is referred to in Article IV, Section E, Paragraph 4 of the policy.
- Finally, the District may wish to use Attachment H, entitled “Acknowledgment — Drug and Alcohol Testing Policy,” to document that written notice of the policy was given to all affected employees. It is referred to in Article IV, Section J of the policy.

ATTACHMENT A

Adopted: 4/16/02
Revised: 5/1/06
Reviewed: 9/8/08, 2/2/15

WABASHA-KELLOGG PUBLIC SCHOOLS

District No. 811, Wabasha County
2113 East Hiawatha Drive
Wabasha, MN 55981-1783
651.565.3559
District Fax: 651.565.2769
High School Fax: 651.565.4732
Elementary School Fax: 651.565.2131

**— DRIVER ACKNOWLEDGMENT —
DRUG AND ALCOHOL TESTING POLICY AND MATERIALS**

I have received a copy of the Drug and Alcohol Testing Policy of Independent School District No. 811, Wabasha, Minnesota and have read it in its entirety. I understand that I am subject to the provisions of Article III of the policy, entitled Drug and Alcohol Testing for Bus Drivers, because the position involves operating a commercial motor vehicle and requires a commercial driver’s license.

The District’s policy was provided to me:

- Upon adoption of the policy. (employee).
- Upon my hire. (job applicant/new employee).
- After receipt of my conditional job offer, before any testing if my job offer is contingent upon my passing of drug and alcohol testing. (job applicant).

I also received materials concerning the effects of alcohol and controlled substances use on an individual’s health, work, and personal life; signs and symptoms of an alcohol or drug problem; and available methods of intervening when an alcohol or drug problem is suspected.

Dated: _____

Signature of Employee/Applicant

Typed or Printed Name

ATTACHMENT B

Adopted: 4/16/02
Revised: 5/1/06
Reviewed: 9/8/08, 2/2/15

ATTACHMENT B

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**— BUS DRIVER OR DRIVER APPLICANT —
AUTHORIZATION TO RELEASE INFORMATION**

I authorize all my previous employers and other contracting entities for whom I worked to provide to Independent School District No. 811, Wabasha, Minnesota, all records and information on any of the following within the two-year period preceding this release:

- a. my alcohol tests which showed a concentration result of 0.04 or greater;
- b. my drug tests which showed a positive test result;
- c. my refusals to take a drug/alcohol test; and/or
- d. referrals to a substance abuse professional.

I release any of my prior employers and other contracting entities and their directors, officers, agents, and employees from all causes of action, claims, or debts which I or my heirs may have as a result of providing this information.

I realize that if I refuse to execute this release and give Independent School District No. 811 the opportunity to obtain this information, I may not be employed or, if employed, I will not be allowed to perform any safety-sensitive functions after fourteen (14) days from the time this information is requested and not provided by my former employers and other contracting entities, and my employment will be terminated.

Dated: _____

Signature of Employee/Applicant

Typed or Printed Name

ATTACHMENT C

Adopted: 4/16/02
Revised: 5/1/06
Reviewed: 9/8/08, 2/2/15

ATTACHMENT C

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**— BUS DRIVER OR DRIVER APPLICANT —
DRUG AND ALCOHOL TEST CONSENT,
RELEASE, AND ACKNOWLEDGMENT**

Date: _____

Time: _____

I hereby authorize _____ (*hospital or clinic*) its physicians, nurses, and technicians, to withdraw specimens of my urine/breath for the purpose of determining the presence of alcohol or of controlled substances therein and to further determine the content thereof. I understand and agree that the result of this test will be disclosed to Independent School District No. 811, Wabasha, Minnesota, and hereby release _____ (*hospital or clinic*) and any employees and/or agents thereof from any and all claims or causes of action resulting from the disclosure of these results. I hereby further agree to waive any physician-patient privilege that may otherwise exist with respect to the confidentiality of the results of these tests.

I further acknowledge that I have had the opportunity to review and read the drug and alcohol testing policy of Independent School District No. 811, and understand that this procedure is in conformance with that policy.

I am using the following medications: _____.

Dated: _____

Signature of Patient/Employee/Applicant

Typed or Printed Name

Witness:

Supervisor (Optional)

ATTACHMENT D

Adopted: 4/16/02
Revised: 5/1/06
Reviewed: 9/8/08, 2/2/15

ATTACHMENT D

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**— BUS DRIVER OR DRIVER APPLICANT —
REFUSAL TO SUBMIT TO TESTING**

I hereby refuse to submit to drug/alcohol testing by doing the following:

- Failing to provide adequate breath for testing without a valid medical explanation after I received notice to report for the test; or
- Failing to provide adequate urine for a controlled substances test without a valid medical explanation after I received notice to report for the test; or
- Engaging in conduct that clearly obstructs the testing process.

I recognize that this refusal constitutes a presumption of a positive result. I further recognize that if I am an applicant, I will be disqualified from consideration for the conditionally-offered position. If I am an employee, I will not be permitted to perform safety-sensitive functions, will be considered insubordinate and subject to disciplinary action, up to and including dismissal, will be evaluated by a substance abuse professional, and will be required to submit to a return-to-duty test prior to being re-assigned to safety-sensitive functions.

Date: _____

Time: _____

Signature of Employee/Applicant

Supervisor: _____

Supervisor's Signature

Comments: _____

Employee refusal to sign *Supervisor's Initials:* _____

ATTACHMENT E

Adopted: 4/16/02
Revised: 5/1/06
Reviewed: 9/8/08, 2/2/15

ATTACHMENT E

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— PRETEST NOTICE —

I the undersigned employee/job applicant of Independent School District No. 811, Wabasha, Minnesota do hereby acknowledge that I have been provided a copy of the School District's Drug and Alcohol Testing Policy.

Date: _____

Signature of Employee/Job Applicant

Typed or Printed Name

ATTACHMENT F

Adopted: 4/16/02
Revised: 5/1/06
Reviewed: 9/8/08, 2/2/15

ATTACHMENT F

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[Employee Name]
[Employee Address]

RE: Drug and/or Alcohol Test
[Date of Testing]

NOTICE OF TEST RESULTS AND VARIOUS RIGHTS

Test Results:

Independent School District No. 811, Wabasha, Minnesota has received the test result report from the testing laboratory:

- Your initial screening test result was negative.
- Your confirmatory test result was negative.
- Your confirmatory test result was positive.

Test Result Report:

You have the right to request and receive from the School District a copy of the test result on any drug or alcohol test.

Right to Explain Positive Test Result:

In the case of a positive test result on a confirmatory test, you have the right to explain the results. You may, within three (3) working days after notice of a positive test result on a confirmatory test, submit information to the School District, in addition to any information already submitted, to explain that result. Attached to this Notice is a document entitled "Explanation of Positive Test Result" for this purpose.

Right to Request Confirmatory Retests:

In the case of a positive test result on a confirmatory test, you have the right to request a confirmatory retest of the original sample at your own expense.

Within five (5) working days after notice of the confirmatory test result, you must notify the School District in writing of your intention to obtain a confirmatory retest.

Within three (3) working days after receipt of the notice, the School District shall notify the original testing laboratory that you have requested the laboratory to conduct the confirmatory retest or to transfer the sample to another laboratory licensed under Minn. Stat. § 181.953, Subd. 1 to conduct the confirmatory retest. The original testing laboratory shall ensure that appropriate chain-of-custody procedures are followed during transfer of the sample to the other laboratory. The confirmatory retest must use the same drug or alcohol threshold detection levels as used in the original confirmatory test. If the confirmatory retest does not confirm the original positive test result, no adverse personnel action based on the original confirmatory test may be taken against you.

Other Rights:

In the case of a positive test result on a confirmatory test, you may have other rights provided under the sections detailed below.

A. Employee Discharge and Discipline

1. The School District may not discharge, discipline, discriminate against, request or require rehabilitation of an employee whose position does not require a commercial driver's license on the basis of a positive test result from an initial screening test that has not been verified by a confirmatory test.

In the case of a positive test result on a confirmatory test, the employee shall be subject to discipline which includes, but is not limited to, immediate suspension without pay and immediate discharge, pursuant to the provisions of this policy.

2. The School District may not discharge an employee whose position does not require a commercial driver's license for whom a positive test result on a confirmatory test was the first such result for the employee on a drug or alcohol test requested by the School District, unless the following conditions have been met:

- a. The School District has first given the employee an opportunity to participate in, at the employee's own expense or pursuant to coverage under an employee benefit plan, either a drug or alcohol counseling or rehabilitation program, whichever is more appropriate, as determined by the School District after consultation with a certified chemical use counselor or a physician trained in the diagnosis and treatment of chemical dependency; and
 - b. The employee has either refused to participate in the counseling or rehabilitation program or has failed to successfully complete the program, as evidenced by withdrawal from the program before its completion or by a positive test result on a confirmatory test after completion of the program.
3. Notwithstanding paragraph 1, the School District may temporarily suspend the tested employee or transfer that employee to another position at the same rate of pay pending the outcome of the confirmatory test and, if requested, the confirmatory retest, provided the School District believes that it is reasonably necessary to protect the health or safety of the employee, co-employees or the public. An employee who has been suspended without pay must be reinstated with back pay if the outcome of the confirmatory test or requested confirmatory retest is negative.
 4. The School District may not discharge, discipline, discriminate against, request, or require rehabilitation of an employee on the basis of medical history information revealed to the School District, unless the employee was under an affirmative duty to provide the information before, upon, or after hire.
 5. An employee must be given access to information in the employee's personnel file relating to positive test result reports and other information acquired in the drug and alcohol testing process and conclusions drawn from and actions taken based on the reports or other acquired information.

B. Withdrawal of Applicant's Job Offer

If a job applicant for a position that does not require a commercial driver's license has received a job offer made contingent on the applicant passing drug and alcohol testing, the School District may not withdraw the offer based on a positive test result from an initial screening test that has not been verified by a confirmatory test. In the case of a positive test result on a confirmatory test, the School District may withdraw the job offer.

ATTACHMENT G

Adopted: 4/16/02
Revised: 5/1/06
Reviewed: 9/8/08, 2/2/15

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ATTACHMENT G

EXPLANATION OF POSITIVE TEST RESULT

I the undersigned employee/job applicant of Independent School District No. 811, Wabasha, Minnesota acknowledge receipt of a Notice of Test Results and Various Rights. This includes my right to explain the positive test result on a confirmatory test.

I am currently taking or have recently taken:

- no over-the-counter or prescription medications; or
- the following over-the-counter or prescription medications:

I also offer the following information relevant to the reliability of, or explanation for, a positive test result:

Date: _____

Signature of Employee/Job Applicant

Typed or Printed Name

ATTACHMENT H

Adopted: 4/16/02
Revised: 5/1/06
Reviewed: 9/8/08, 2/2/15

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**— ACKNOWLEDGMENT —
DRUG AND ALCOHOL TESTING POLICY**

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The District's policy was provided to me:

- Upon adoption of the policy. (employee).
- Upon my hire. (job applicant/new employee).
- After receipt of my conditional job offer, before any testing if my job offer is contingent upon my passing of drug and alcohol testing. (job applicant).

Dated: _____

Signature of Employee/Applicant

Typed or Printed Name