

SOUTH CENTRAL HUMAN RESOURCE AGENCY
SUSPICIOUS ILLEGAL DRUG SCREENING
DOCUMENTATION FOR REQUEST

Employee Name: _____

Program Director: _____

Title: _____

Director Signature: _____

Work Site: _____

Date: _____

Documentation for Reasonable Suspicion:

Deterioration in job performance or changes in personal traits or characteristics:

Appearance in a specific incident or observation which indicates that an employee is under the present influence of drugs:

Charges in personal behavior not attributable to other factors:

Involvement in or contribution to an accident where the use of drugs is reasonably suspected, regardless of whether the accident involves actual injury:

Alleged violation of or conviction of criminal drug law statutes involving the use of illegal drugs or prescription drugs:
