

PRIOR TO SENDING EMPLOYEE FOR A TEST:

1. Refer to the **UAMS Administrative Guide 3.1.14 Drug and Alcohol Testing** policy for guidance regarding the for-cause drug testing process.
2. Notify your *Service Line HR Business Partner (HRBP)* **and** *Employee Relations* if you need to send an employee for a reasonable suspicion drug test.
3. Work with your *Service Line HR Business Partner (HRBP)* to complete the **UAMS Administrative Leave form**, and ensure the process is completed properly.

REQUIRED DOCUMENTS TO BE COMPLETED:

1. Drug Screen Authorization Form
2. UAMS Administrative Leave Form
3. Documentation supporting the reason for sending the employee for testing (e.g.- “**Attachment 1**” found in the Drug and Alcohol Testing Policy, signed witness statements, signed emailed statements, etc.)
4. Notify Student/Employee Health Services of when the employee will be arriving in the clinic for testing.

PLEASE NOTE:

- Refer to the **Location** area of the form for guidance on where to send your employee for testing.
- A department representative (not a peer) **must accompany the employee to the test center AND remain with the employee.**
- UAMS Police will **only** assist with transporting impaired employees.
- For-cause/reasonable suspicion testing must be completed within 2 hours of notification. Wait until it is reasonable for the employee to be escorted to the collection facility.
- **In the event the employee is outside of the Central Arkansas area, please contact André Haywood at 501-526-6462 or email: uamsrandomandforcausedrugtest@uams.edu for guidance on an alternate collection facility.**

TRANSPORTATION HOME:

Employees sent for a for-cause/reasonable suspicion drug test **shall not** be allowed to drive home. Employees suspected to be under the influence **MUST** call someone to pick him or her up after all paperwork and testing is completed. *If a family member/friend is not available, other options are at the expense of the employee such as uber, lyft, taxi, or city bus.*



UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES

DRUG SCREEN AUTHORIZATION FORM (FOR-CAUSE/REASONABLE SUSPICION)

ALL FIELDS ARE REQUIRED TO BE COMPLETED:

Name: _____ Last four of SSN: _____ SAP: _____

Department Name: _____ Position Title: _____

Specimen collection site is UAMS Student/Employee Health Services. Yes: _____ or No: _____

IF NO, name and location of collection site: _____

DRUG SCREEN PANEL REQUESTED (PHOTO ID REQUIRED FOR ALL DRUG SCREENS)

Select Appropriate Test:

___ **HP2 For-Cause/Reasonable Suspicion** (*Tests can take up to two (2) weeks to process*)

___ **Other Tests Requested:** _____ (*i.e.: Alcohol – Breathalyzer*)

Department Authorizer (print)

Telephone Number

Department Authorizer (signature)

Date

Non-Grant Account Number

Fund Number

LOCATIONS:

UAMS Student/Employee Health Services

Drug & Alcohol – Breathalyzer Tests

4301 W. Markham St, Central Building, Ground Floor G820

Hours: Monday – Friday 8:00 a.m. – 4:30 p.m.

After Hours, Weekends & Holidays

UAMS Student/Employee Health Services

ON CALL Nurse – 501-398-8636

**After 4:30 p.m. and anytime on weekends
and holidays**

UAMS Student/Employee Health Services- Satellite Clinic

Drug & Alcohol – Breathalyzer Tests

4301 W. Markham St, Central Building, Ground Floor G600

Hours: Monday - Friday 7:00 a.m. – 3:30 p.m.

Fax completed form to: Human Resources, 501-686-8872

(Test results will be sent to Employee Relations)