

**ALCOHOL/DRUG SCREENING REFERRAL**  
**Cabarrus County Schools**  
 Directions and Notifications for Drug/Alcohol Testing

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ POSITION: \_\_\_\_\_

DAYTIME PHONE #: \_\_\_\_\_ EVENING PHONE #: \_\_\_\_\_

**YOU ARE TO BE TESTED TODAY FOR THE FOLLOWING REASON (put an "X" in box(es)):**

DEPARTMENT OF TRANSPORTATION (DOT) REQUIRED TEST Federally Regulated Test			CABARRUS COUNTY SCHOOL REQUIRED TEST Non-Federally Regulated Test		
REASON / TYPE TEST	DRUG	ALCOHOL	REASON / TYPE TEST	DRUG	ALCOHOL
PRE-EMPLOYMENT			PRE-EMPLOYMENT		
RANDOM			RANDOM		
POST ACCIDENT			POST ACCIDENT		
REASONABLE CAUSE			REASONABLE CAUSE		
RETURN TO DUTY			RETURN TO WORK		
FOLLOW-UP			FOLLOW-UP		

**Administrators:** If you have question about which test (DOT vs. Non-DOT) please contact Human Resources BEFORE completing this form. Accurate test instructions to the collection facility are essential.

REFERRED FOR TESTING ON: \_\_\_/\_\_\_/\_\_\_ AT \_\_\_\_\_ BY: \_\_\_\_\_  
Date Time Staff Signature

**EMPLOYEE/APPLICANT INSTRUCTIONS:**

You are to report directly to **WOLFE DATA at 681 CABARRUS AVE., W. CONCORD, NC**  
 (Failure to show up immediately at Wolfe Data after receiving this referral will be considered a REFUSAL TO TEST and may lead to immediate termination or non-consideration for employment)

**Wolfe Data** is located on Cabarrus Avenue approximately one block east of 601 – just beyond the old County Health Department  
**Wolfe Data Phone- 704) 788-6441**

**TAKE THIS FORM WITH YOU WHEN YOU GO TO WOLFE DATA**

\*\*\*You must take your picture I.D.(Drivers license or valid ID) with you to Wolfe Data

**ALL Cabarrus County School testing (DOT regulated and Non-DOT School System required) is conducted using procedures specified in 49 CFR Part 40. Failure to provide a required specimen, complete a required test, or to follow instructions by the Collector or Breath Alcohol Technician may be considered a refusal to test and result in termination of employment or non-consideration of application for employment.**

**PLEASE GO PREPARED** Those going for a Non-DOT required test please read and sign page 2

Authorized by: \_\_\_\_\_ Signed: \_\_\_\_\_  
Print Name Signature

**If accident occurs within Cabarrus County after normal working hours call 704-788-6441 BEFORE sending employee for test  
 READ & SIGN PAGE 2 FOR NC PRE-TESTING NOTICE  
 DOES NOT APPLY TO DEPARTMENT OF TRANSPORTATION TESTING**

**ALCOHOL/DRUG SCREENING REFERRAL  
Cabarrus County Schools**

**N.C. CONTROLLED SUBSTANCE EXAMINATION REGULATION ACT  
INITIAL NOTICE TO EMPLOYEES/APPLICANTS**

In accordance with Cabarrus County Schools policy, you have been selected for a \_\_\_\_\_ controlled substance test (specify “post-accident,” “random,” etc.). In accordance with 13 NCAC 20.0401, this Notice explains your rights and responsibilities under the N.C. Controlled Substance Examination Regulation Act (“CSERA”) (Chapter 95, Article 20 of the N.C. General Statutes) and the corresponding administrative rules (Title 13, Chapter 20 of the N.C. Administrative Code).

- You may refuse this test; however, your job or employment opportunity may be in jeopardy.
- Although applicants may be screened by means of a “Quick Test,” any positive results must be confirmed by an approved lab using gas chromatography with mass spectrometry (GS/MS) or equivalent scientifically accepted method before hiring decisions are made.
- Current employees cannot be screened by means of a “Quick Test.”
- An approved laboratory must perform testing of samples.
- You can request a “re-test” of any positive sample. Retests must be of the same sample and must be paid for by the employee.
- You can file a complaint with the N.C. Department of Labor – Wage and Hour Bureau at (919) 807-2796 or 1-800-NC-LABOR if you believe procedural requirements of the CSERA were violated. The Department has no jurisdiction regarding an employer’s requirement for controlled substance testing or its decisions regarding results of controlled substance testing.

\_\_\_\_\_  
**Employee/Applicant**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employer Representative**

\_\_\_\_\_  
**Title**

**Disclaimer:** The foregoing information is presented solely for the convenience of the reader and is not intended to replace any official source. Under no circumstances shall the Department of Labor be liable for any actions taken or omissions made from reliance on any information contained herein

**READ & SIGN NC PRE-TESTING NOTICE IF NON-DOT TEST  
DOES NOT APPLY TO DEPARTMENT OF TRANSPORTATION TESTING**