

NOTICE OF DRUG AND ALCOHOL TESTING

Date: _____

To: _____

Uinta County School District No. Four has determined that there is reasonable basis to ask you to submit to a drug and alcohol test. The reason(s) for this request are:

Please contact _____ (designated tester) at _____ AM/PM for this drug and alcohol test. You will be paid for the time required to participate in the drug and alcohol test.

A copy of Uinta County School District No. Four's drug and alcohol testing policy is attached for your review. Please note, you will have the opportunity to state if you have taken any prescription or non-prescription medication prior to the drug and alcohol test. You will also be asked to sign a consent form at the time of test.

Please contact Uinta County School District No. Four if you have any questions regarding the policy or testing procedures. Thank you for your cooperation.

Adopted: February 10, 2004