



Adrian Public Schools

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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 appear for any test within a reasonable time, as determined by the school district, consistent with applicable DOT regulations, after being directed to do so;
- _____ Failing to remain at the testing site until the testing process is complete;
- _____ Failing to provide a urine specimen or an adequate amount of saliva or breath for any DOT drug or alcohol test;
- _____ Failing to permit the observation or monitoring of any provision of a specimen in the case of a directly observed or monitored collection in a drug test;
- _____ Failing to provide a sufficient breath specimen or sufficient amount of urine when directed and it has been determined that there was no adequate medical explanation for the failure;
- _____ Failing or declining to take a second test as directed;
- _____ Failing to undergo a medical examination or evaluation, as directed by the Medical Review Officer (MRO) or the Designated Employer Representative (DER);
- _____ Failing to cooperate with any part of the testing process (e.g., refusing to empty pockets when so directed by the collector, behaving in a confrontational way that disrupts the collection process, failing to sign the certification on the form; or
- _____ Having a verified adulterated or substituted test as reported by the MRO.

[An applicant who fails to appear for a pre-employment test, who leaves the testing site before the pre-employment testing process commences, or who does not provide a urine specimen because he or she left before it commences, is not deemed to have refused to submit to testing.]

I recognize that my refusal subjects me to the consequences specified in federal law and regulations. It also 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, and will be considered insubordinate and subject to disciplinary action, up to and including dismissal. If the school district offers me an opportunity to return to a DOT safety-sensitive function, I understand I 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 considered for reassignment to safety-sensitive functions.

Date: _____ Time: _____

Signature of Employee/Applicant: _____

Supervisor: _____

Supervisor's Signature _____

Comments:

_____ Employee refusal to sign

Supervisor's Initials: _____