

Employee NAME:  
DATE:

Site Location:

Employee Number:  
Page 1 of 1

For more information contact us @: P. 562.809.7785 or F. 562.403.3427 <http://www.tempsincorporated.com>



## DRUG SCREEN AUTHORIZATION AND CONSENT

**INSTRUCTIONS:** Please use either Black or Blue Ink on this page.  
**ALL APPLICATIONS WILL BE KEPT ON FILE WITH TEMPS INCORPORATED.**  
If you have any questions, please see your Client Liaison.

I hereby authorize and give full permission to have **Temps Incorporated** and/or their medical company physician send a specimen of my urine and/or blood to a laboratory for screening test using **SUBSTANCE ABUSE & MENTAL HEALTH SERVICES ADMINISTRATION (S.A.M.H.S.A)** ([www.samhsa.gov](http://www.samhsa.gov)) standards for the presence of illegal drugs, alcohol or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of the report of the tests. This **INCLUDES**, but not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in a language that I understand and told that if I have any questions they will be answered about the test. I understand that this is a **LEGALLY BINDING** document, which is binding because **Temps Incorporated** is sending me for the examinations and paying for it.

**I UNDERSTAND THAT TEMPS INCORPORATED WILL REQUIRE A DRUG SCREEN TEST WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH THIS STAFFING COMPANY POLICY AND THAT THIS DOCUMENT PROVIDES MY AUTHORIZATION AND CONSENT. MY REFUSAL TO SUBMIT TO DRUG TESTING WILL BE GROUNDS FOR IMMEDIATE TERMINATION.**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Temps Incorporated

By: \_\_\_\_\_

By: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_