

# KANSAS DEPARTMENT OF CORRECTIONS

	<b>INTERNAL MANAGEMENT POLICY AND PROCEDURE</b>	<b>SECTION NUMBER</b>  02-127D	<b>PAGE NUMBER</b>  1 of 9
		<b>SUBJECT:</b>  <b>HUMAN RESOURCES: Possession and Abuse of Intoxicants and/or Drugs by Employees in Positions Requiring a Commercial Driver's License</b>	
<b>Approved By:</b>  Secretary of Corrections		<b>Original Date Issued:</b> 12-22-15	<b>Replaces Version Issued:</b> N/A
		<b>CURRENT VERSION EFFECTIVE: 12-22-15</b>	

<b>APPLICABILITY:</b>	_ ADULT Operations Only	_ JUVENILE Operations Only	<b>X</b> DEPARTMENT-WIDE
-----------------------	-------------------------	----------------------------	--------------------------

## POLICY STATEMENT

In order to preserve agency security and to protect the personal safety of fellow employees, volunteers, offenders, and the general public, employees in positions requiring commercial driver's licenses shall not be permitted to perform their duties or enter upon the premises of agency facilities or offices when under the influence of alcohol or the illegal use of drugs. Employees shall not possess any alcohol, illegal drugs, and/or controlled substances while on the premises of agency facilities and/or offices, except as specifically allowed by agency policy or approved by the appointing authority.

## DEFINITIONS

**Alcohol:** The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl or isopropyl alcohol.

**Alcohol Concentration:** The alcohol in a volume of breath expressed in terms of grams of alcohol per 210 liters of breath, as indicated by a breath test.

**Alcohol Use:** The consumption of any beverage, preparation, or mixture, including any medication, containing alcohol.

**Appointing Authority:** The person designated pursuant to IMPP 02-109D for each respective division or facility of the department. Anytime this term is used in this policy, it shall be read as referring to the "appointing authority or designee".

**Commercial Driver (CD) Position:** Any position which is subject to the State of Kansas Alcohol and Controlled Substance Testing Program for Commercial Drivers, established under the Federal Omnibus Transportation Employees Testing Act of 1991 and amendments thereto. This includes any position performing duties, which involve the operation of a motor vehicle with a gross weight of over 26,000 pounds or designed to carry 16 or more passengers, including the driver.

**Confirmatory Test:** An analytical procedure which is independent of the initial test to identify the presence of a specific controlled substance or metabolite and which uses a different chemical principle from that of the initial test.

**Confirmed Positive Result:** The presence of an illicit substance in the pure form or its metabolites at or above the specified cutoff level identified in two consecutive tests which employ different test methods and which was not determined by the appropriate medical, scientific, professional testing or forensic authority to have been caused by an alternate medical explanation or technically insufficient data. In the case of alcohol testing, the alcohol concentration level was that of 0.04 or greater in the confirmation test.

Controlled Substances: Marijuana/cannabinoids (THC), cocaine metabolites, opiates, phencyclidine (PCP), amphetamines/methamphetamine.

Designee: For the purposes of this IMPP, any person approved by the Department of Administration's Office of Personnel Services and the Department of Corrections' Central Office Human Resources Division to receive the results of employees' drug or alcohol tests.

Director: Director of the Office of Personnel Services, Department of Administration. When the term "Director" is used in this IMPP, it means the Director himself or herself or designee.

Employee: For the purpose of this policy, any person employed full-time or part-time by the Kansas Department of Corrections. The term shall not include any person employed by an entity under contract to provide services to the Kansas Department of Corrections.

Medical Review Officer: A licensed physician, under contract with the Department of Administration, who reviews all controlled substance test results and interprets positive results of confirmatory tests.

Negative Result: The absence of an illicit substance in the pure form or its metabolites in sufficient quantities to be identified by either an initial screen or confirmatory test or as determined by the Medical Review Officer.

Reasonable Suspicion: A subjective suspicion supported by objective, articulable facts that would lead an experienced and prudent person to suspect that an individual has consumed alcohol and/or illegal drugs.

State Plan: State of Kansas Alcohol and Controlled Substance Testing Program for commercial drivers.

Substance Abuse Professional: A licensed physician, or a licensed or certified psychologist, social worker, employee assistance professional, or addiction counselor certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission with knowledge of and clinical experience in the diagnosis and treatment of alcohol and controlled substance related disorders.

## **PROCEDURES**

### **I. Prohibited Acts**

- A. No employee assigned to a commercial driver (CD) position shall:
1. Possess alcohol while performing duties, unless the alcohol is manifested and transported as part of the shipment;
  2. Use alcohol or be under the influence while performing duties;
  3. Use alcohol within eight (8) hours following an accident or until undergoing a post-accident test, if required to take a post-accident alcohol test; or,
  4. Report for duty, remain on duty or perform duties while using or under the influence of controlled substances, except when the use is pursuant to the instructions of a physician who has provided a written statement to the driver that the substance does not adversely affect the driver's ability to safely operate a commercial motor vehicle.

### **II. Testing for Intoxicants and Controlled Substances**

- A. Candidates for and employees assigned to CD positions shall be covered by the state Alcohol and Controlled Substance Testing Program for Commercial Drivers and subject to testing for intoxicants and/or controlled substances in accordance with the plan.
1. Prior to participating in such testing, all candidates and employees shall be provided information concerning:
    - a. Methods of controlled substance testing which may be used;

- b. Substances which may be identified;
  - c. Importance of cooperating with the collection site personnel;
  - d. Confidentiality of test results provided by the candidate; and,
  - e. Consequences of refusing to submit to the test or to sign the consent forms, failing to report to the testing site as scheduled, or receiving a positive result.
- B. Except as specified in Section II.C., all candidates offered employment in a CD position and all employees who are scheduled to transfer, promote, or demote into a CD position through choice, rotation, or other action, shall be required to take and pass a test for controlled substances as follows (pre-employment testing is not conducted for the use of alcohol):
- 1. Inform the candidate that the offer of employment is conditioned upon taking and receiving a negative result on a controlled substance test and that the conditional offer of employment shall be withdrawn if the candidate refuses or fails to participate in the testing or to sign the required forms, or receives a positive result;
  - 2. Inform the current employee in a non-CD position that he or she shall not be transferred, promoted, or demoted into a CD position if he or she refuses or fails to participate in the testing or to sign the required forms, or receives a confirmed positive test result subsequent to this policy and that confirmed positive test results shall be handled in accordance with provisions of IMPP 02-110D;
  - 3. Request the candidate or employee read, sign, and date the Affirmation of Policy Form (Attachment A), the Acknowledgement Form (Attachment B), schedule an appointment for testing within 24 hours, and notify the candidate or employee verbally and in writing of the time and location, and of the fact that he or she must provide his or her own transportation to the testing site; and,
  - 4. Submit completed paperwork to the Office of Personnel Services and maintain the Department's copies of such forms in a secured, limited access file.
- C. Related information shall be obtained from previous employers prior to pre-employment testing of a candidate who currently possesses a CD license and has been employed in a position that utilized such license during the past two years.
- 1. The Candidate shall complete a Release of Information from the Previous Employer (Attachment C) and an Authorization for Release of Alcohol and Controlled Substance Testing Information Form (Attachment D) for all employers for which the candidate performed CD work in the past two years.
    - a. The human resources manager shall send a Request for Employer Information Letter (Attachment E) and the release forms to previous employers requesting controlled substance testing information on the candidate for the previous two years.
  - 2. If information obtained from previous employers indicates no past positive test results, test refusals, or failure to complete return-to-work requirements, the candidate may proceed to the pre-employment testing procedures.
  - 3. If information obtained from previous employers indicates positive test results, refusals of tests, or failure to complete return-to-work requirements, the conditional offer of employment shall be withdrawn.
- D. As a condition of continued employment, all persons employed in CD positions are subject to random post-employment testing for controlled substances and/or intoxicants.

1. Random testing shall be unannounced and each driver shall have an equal chance of being tested during each random selection process administered by the Department of Administration.
  2. Names and addresses of drivers to be tested shall be chosen at random by the Department of Administration's Division of Personnel Services, who shall notify the appropriate designee.
  3. The Department's designee shall inform the employees selected for random testing that they are to proceed immediately to the testing site.
  4. For the purposes of random testing, the Department may provide transportation to the site.
  5. Positive test results shall be handled in accordance with Section III of this policy.
- E. As a condition of continued employment within a CD position, employees shall be required to submit to testing for controlled substances and/or intoxicants when reasonable suspicion exists that the employee is under the influence of such substances immediately prior to, during, or immediately after performing a duty requiring a commercial driver's license.
1. Reasonable suspicion testing shall be conducted when a supervisor or an agency official has reasonable suspicion to believe that a driver has violated the prohibitions regarding the use of alcohol or controlled substances.
  2. Reasonable suspicion must be based on specific, contemporaneous, articulable observations regarding the employee's behavior, appearance, speech or body odor.
  3. The appointing authority or a designee shall complete the following steps when the Department of Administration, a supervisor or the appointing authority requires an employee in a CD position to submit to an alcohol or controlled substance test.
    - a. The appointing authority or a designee shall identify and document the circumstances surrounding the determination of reasonable suspicion;
    - b. The employee shall be directed to leave his or her immediate work area and will be escorted to a place out of the view of other employees and offenders, until the scheduled testing occurs, or until transportation is arranged; and,
    - c. Advise the employee not to drive and assist the employee in finding safe transportation.
      - (1) No employee of the agency shall transport the employee home or to the collection site during working hours or as official State business;
      - (2) The appointing authority may arrange for a means of transportation that is not considered official State business;
      - (3) No State vehicle shall be used to transport the employee; and,
      - (4) If the employee insists on driving, the employee's appointing authority shall notify local authorities and shall advise the employee of such notification. The employee shall be advised that cooperating with the reasonable suspicion testing procedure is a condition of continued employment.
  4. All efforts should be made to conduct the reasonable suspicion testing within two (2) hours following the observations.
  5. If the employee is not tested within two (2) hours following the observations, the appointing authority of the employee's work site shall prepare and maintain on file a record stating the reasons the test was not administered promptly.

6. If alcohol testing is not administered within eight (8) hours following the observation, all attempts to administer the test must cease and the appointing authority shall document and maintain on file the reason(s) for not testing.
    - a. If the employee purposely delays testing, he or she may be subject to disciplinary action up to and including termination.
  7. All person(s) observing the behavior, appearance, speech or body odor, which serves as the basis for reasonable suspicion, shall make a written report of their observations immediately.
  8. Positive test results shall be handled in accordance with Section III.
- F. As a condition of continued employment in a CD position, employees shall be required to participate in post-accident testing when certain conditions are met.
1. Post-Accident testing shall occur when an employee in a covered CD position is involved in an accident which:
    - a. Results in a fatality or an injury treated away from the scene;
    - b. Results in damages which require the vehicle to be towed from the scene; or,
    - c. Results in the employee being issued a citation under State or local law for a moving violation arising from the accident.
  2. The employee shall remain available and refrain from using alcohol until post-accident alcohol testing has been completed; this shall occur within the 8 hours immediately following the accident.
  3. If the employee is not available the Department may consider the employee to have refused to be tested.
  4. The alcohol test must be administered within eight (8) hours of the accident.
  5. The controlled substance test must be given within thirty-two (32) hours of the accident.
- G. Return-to-duty testing shall be required when an employee tests positive, is identified by a substance abuse professional as needing assistance, and the substance abuse professional determines that a return-to-duty test shall be conducted prior to or following the completion of rehabilitation.
- H. Follow-up testing shall be required when an employee tests positive and is identified by a substance abuse professional as needing assistance.
1. The degree of follow-up testing shall be determined by the employee's appointing authority but shall be no less than six (6) tests in the first twelve (12) months following the employee's return to work, and shall last no longer than sixty (60) months, if recommended by a substance abuse professional.
- I. Specimens collected from candidates and employees for CD testing purposes shall be used only to test for those substances specified by this policy and may not be used to conduct any other analysis or test unless otherwise authorized by federal regulations.

### **III. Consequences and Due Process for Current Employees**

- A. If the Office of Personnel Services notifies the agency that the testing produced a negative result, the employee will be eligible to perform CD duties immediately, if otherwise qualified and able.
- B. If the Office of Personnel Services notifies the agency that the testing produced a confirmed positive result, and if the employee has no prior confirmed positive results and has permanent status in the

position, he or she shall be required to undergo an alcohol and controlled substance assessment for a determination regarding the need for education or treatment, the following steps shall occur:

1. The Human Resources staff shall schedule a private meeting with the employee to provide verbal and written notification of the test result and consequences and shall:
  - a. Notify the employee that the employee must contact the Substance Abuse Professional within 24 hours and schedule an evaluation.
  - b. Ask the employee to sign a Release of Information Form (Attachment F).
  - c. Forward a copy of the release to the Director.
    - (1) The Director will provide a copy of the release to the Substance Abuse Professional as notification that a response to the Director is required.
  - d. Notify the employee that failure to contact the Substance Abuse Professional, participate in the evaluation, or recommended program, or provide necessary information, is considered failure to successfully complete the program.
  - e. Notify the employee that the Director will be informed of the assessment results by receipt of the Assessment and Education or Treatment Verification Form (Attachment G).
  - f. Notify the employee of the consequences of failure to successfully complete all required education or treatment as reflected in the assessment results.
2. If an employee is required to participate in an education or treatment program, the appointing authority may reassign the employee to a non-CD or a non-safety-sensitive position for which the employee is qualified until the employee receives a negative result on a return-to-duty test authorized by the Substance Abuse Professional.
3. If an employee is required to participate in an education or treatment program, the employee shall be granted leave to participate in that program.
  - a. The employee shall be required to provide proof of participation to receive leave.
  - b. The employee shall be allowed to use accumulated sick and annual leave, or leave without pay.
  - c. The employee shall be encouraged to schedule sessions that do not conflict with the employee's work schedule.
  - d. Leave shall be granted to the employee in accordance with the parameters and rules set out in the State Plan.
- C. A permanent employee serving a promotional probationary period who receives a first confirmed positive alcohol and/or controlled substance test result shall be demoted to a position in the class from which the employee was promoted, or in a class in the next lower salary range, along with the recommendation that they voluntarily contact the employee assistance program. If the demotion is to another CD position, the employee shall be referred to the employee assistance program.
- D. If a permanent employee receives a second confirmed positive result or violates any of the Prohibited Acts listed in Section I., it shall be considered conduct detrimental to the state and is cause to propose immediate demotion to a non-CD position or dismissal.
- E. An employee who is in a temporary position or serving on an original probation who receives a confirmed positive test or who violates any of the Prohibited Acts listed in Section I, shall be subject to immediate dismissal for conduct detrimental to the state.

- F. No other disciplinary action may be taken against the employee as a direct consequence of receiving a confirmed positive result. However, nothing in this policy prohibits the employee from being subject to disciplinary action for inappropriate or illegal acts performed while under the influence of a controlled substance or alcohol that results in a confirmed positive test.

#### **IV. Notification & Records**

- A. Candidates for and employees assigned to CD positions shall be notified of the State Plan as follows:
1. Human Resources staff and supervisors of CD positions shall receive approved training regarding the policy.
  2. Candidates and employees shall receive official notification only from trained persons.
  3. Individuals shall be provided a general statement of policy when recruited or applying for CD positions.
  4. All employment announcements and advertisements for CD positions shall include a general notice concerning necessary alcohol and controlled substance testing requirements.
  5. Position descriptions for CD positions shall include a task statement describing commercial driver duties.
- B. The following forms shall be completed and retained in accordance with the State Plan:
1. Each employee assigned to a CD position who is required to undergo an assessment and referral for education or treatment shall read, sign, and date a Release of Information Form (DA 292).
    - a. This form shall be signed by a notary public.
  2. Each candidate for or employee assigned to a CD position who requests access to records concerning that individual's alcohol or controlled substance test shall read, sign, and date an Access to Records Form (Attachment H)
    - a. This form shall be signed by a notary public.
  3. Each candidate for or employee assigned to a CD position who is required to take an alcohol or controlled substance test shall be notified of the date, time, and location of the testing appointment by the Alcohol and Controlled Substance Testing Program for Commercial Drivers (Attachment I).
  4. Each candidate for a CD position who has been given a conditional offer of employment and whose test results are negative shall be informed that the conditional offer of employment is approved by the Notice to Candidate of Controlled Substance Test Result (Attachment J).
  5. Each candidate for a CD position who has been given a conditional offer of employment and whose test results are positive shall be notified that the conditional offer of employment is rescinded by the Notice to Candidate of Controlled Substance Test Result (Attachment K).
  6. Each employee assigned to a CD position who is tested for alcohol or controlled substances and who has tested negative shall be informed that an evaluation referral is not required based on the negative result of the test by the Notice to Employee of Alcohol Test and Controlled Substances Test Result (Attachment L).
  7. Each employee assigned to a CD position who is tested for alcohol or controlled substance and who has tested positive shall be informed that an evaluation referral is mandatory by the Notice to Employee of Alcohol and Controlled Substance Test Result (Attachment M).

- C. Records of employees sent for alcohol and controlled substance testing shall be maintained by facility Human Resources offices for facility and Kansas Correctional Industry candidates and employees and Central Office Human Resources for Central Office, and parole employees.
1. These records shall be maintained under strict security and treated as confidential records.
  2. Access to these records shall be restricted to the Department's Human Resources staff, the appointing authority, the Secretary of Administration or designee, the Director, the employee's supervisor, the Department's legal counsel, or the Department of Administration's legal counsel.
    - a. No further access to these records can be authorized without the express consent of the Director of the Department of Administration's Office of Personnel Services.
  3. The results of testing for alcohol and/or controlled substances may be disclosed publicly in Civil Service Board Hearings regarding disciplinary action taken against an employee as a result of actions taken while under the influence of alcohol or a controlled substance immediately prior to, during, or immediately following the performance of CD duties.

**V. This IMPP shall serve as final policy and no facility general orders shall be allowed on this subject.**

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

**REPORTS REQUIRED**

None.

**REFERENCES**

K.S.A. 21-3826,75-2940, 75-2949, 1998 Supp. 75-4362  
K.A.R. 1-2-20, 1-6-2, 1-6-7, 1-6-33, 1-9-25, 1-9-26, 1-10-6, 1-10-7,44-2-103  
IMPP 02-110  
Omnibus Transportation Employees Testing Act of 1991  
State of Kansas Alcohol and Controlled Substance Testing Program for Commercial Drivers, Administrative

**ATTACHMENTS**

Attachment	Title of Attachment	Page Total
A	Affirmation of Policy form (DA 411)	1 page
B	Acknowledgment form (KDOT/DA 291)	1 page
C	Release of Information from the Previous Employer – 49 C.F.R. pt. 40 Drug and Alcohol Testing (DA 330)	1 page
D	Authorization for Release of Alcohol and Controlled Substance Testing Information	1 page
E	Request for Employer Information	1 page
F	Release of Information Form (DA 292)	1 page
G	Assessment and Education or Treatment Verification Form	1 page
H	Access to Records Form (DA 293)	1 page

I	Alcohol and Controlled Substances Testing Program for Commercial Drivers	1 page
J	Notice to Candidate of Controlled Substance Test Result (Negative)	1 page
K	Notice to Candidate of Controlled Substance Test Result (Positive)	1 page
L	Notice to Employee of Alcohol Test and Controlled Substance Test Result (Negative)	1 page
M	Notice to Employee of Alcohol and Controlled Substance Test Result (Positive)	1 page

**State of Kansas  
DRUG SCREENING PROGRAM**



**AFFIRMATION OF POLICY FORM  
NON-DOT  
Statement of Policy**

The State of Kansas is committed to a drug-free workforce to protect the safety of workers and the public. The State of Kansas administers a drug-screening program with strict policies and procedures in place to ensure its accuracy and integrity.

It is the policy of the State of Kansas that candidates given a conditional offer of employment for a designated position take a drug screen to show they are drug free. In order to protect the safety of workers and the public, no candidate whose test shows illegal drug use will be employed by the State in a designated position.

It is the policy of the State of Kansas that employees in designated or correctional facility positions may be required to take a drug screen to show they are drug-free if there is reasonable suspicion of illegal drug use. The State will give current employees with permanent status an opportunity to rehabilitate and return to their jobs as productive members of the work force. Current employees who do not rehabilitate or who have a second test which shows illegal drug use may be disciplined in accordance with the Civil Service Act.

It is the policy of the State of Kansas to inform candidates and employees of drug screening programs prior to drug tests being conducted. The state will consider drug screening results and medical information provided by candidates and employees as confidential.

**Affirmation of Policy**

As a candidate for a designated position or an employee in a designated or correctional facility position, I affirm that I have read and understand the meaning of the above statement of policy regarding the State's Drug Screening Program. As a candidate, I am aware that my offer of employment is conditional upon the results of a drug screen. As an employee in a designated or correctional facility position, I am aware that I may be required to undergo a drug screen based upon reasonable suspicion, that I will be informed prior to the drug screen, and that I may be referred to an education and treatment program depending on the results of the drug screen.

Please Check One:                      Candidate                       Employee

Please Check Reason for Test:    Pre-employment                       Pre-Duty   
                                                 Reasonable Suspicion                       Return-To-Duty   
                                                 Follow-up                                               Random   
                                                 Post-Accident

Name: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Agency Position No.: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency No.: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Candidate or Employee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Supervisor or Agency Representative)

\_\_\_\_\_  
Date

**ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM  
FOR COMMERCIAL DRIVERS**



**ACKNOWLEDGEMENT FORM**

As a candidate for, or an employee in a commercial driver position with the State of Kansas, I hereby acknowledge that I am scheduled to undergo an alcohol and/or controlled substance test as required by 49 C.F.R. pt. 382. The controlled substance test will involve an analysis of a urine sample, which I will provide at a designated collection site. The purpose of the controlled substance screen will be to test for the presence of the following substances: marijuana, cocaine, PCP, opiates and amphetamines. I understand I will be required to submit to recollection, which may be under direct observation, if my sample results in a negative dilute result. I also understand recollection may be necessary in other circumstances as required by law.

The alcohol test will involve breathalyzer analysis at a designated collection site. The purpose of the alcohol screen will be to test for the presence of alcohol. I acknowledge that the alcohol test and controlled substance test results will be made available to the Director of the Division of Personnel Services, Department of Administration, and to the agency to which I have applied for employment or where I am currently employed by the State.

As a candidate, I am aware that my conditional offer of employment in a commercial driver position will be rescinded should I receive a confirmed positive test result or the equivalent, or fail to report to the collection site as scheduled, or fail to provide an acceptable urine sample as required.

As an employee with permanent status, I am aware that I will be referred to a DOT qualified Substance Abuse Professional for education and/or treatment should I receive a confirmed positive test result or the equivalent or fail to report to the collection site as scheduled. However, I understand that if I intentionally tamper with a sample provided for alcohol or controlled substance testing, violate chain of custody or identification procedures, or falsify a test result, I shall be subject to dismissal. If I have a confirmed positive test result or the equivalent and refuse to undergo treatment, fail to complete treatment or if I have received a previous positive test result or the equivalent, I am aware that I may be subject to disciplinary action in accordance with Civil Service guidelines up to and including dismissal.

**Please Check One:**                      Candidate                       Employee

**Please Check Reason for Test:**

Random Testing	<input type="checkbox"/>	Return-To-Duty	<input type="checkbox"/>	
Reasonable Suspicion	<input type="checkbox"/>	Pre-employment	<input type="checkbox"/>	Pre-Duty <input type="checkbox"/>
Post-Accident	<input type="checkbox"/>	Follow-Up Testing	<input type="checkbox"/>	
Re-Test	<input type="checkbox"/>	(test type: _____)		

Name: \_\_\_\_\_

Soc.Sec.No.: \_\_\_\_\_                      Position No.: \_\_\_\_\_

Agency Name: \_\_\_\_\_                      Agency No.: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Candidate or Employee)                      \_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Supervisor or Agency Representative)                      \_\_\_\_\_  
Date

**ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM  
FOR COMMERCIAL DRIVERS**



**Release of Information from the Previous Employer – 49 C.F.R. pt. 40 Drug and Alcohol Testing**

**Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_  
Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my employer regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with Regulation 49 C.F.R. § 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol test with a result of 0.04 or higher,
2. Verified positive drug tests;
3. Refusal to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: \_\_\_\_\_  
Work Location: \_\_\_\_\_  
Designated Employer Representative: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**I-B.**

Previous Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to new employer:**

**Did this employee perform safety-sensitive duties as defined by US DOT drug and alcohol regulations? Yes No  
If Yes, please completed Section II-A and II-B. If No, please skip Section II-A and complete Section II-B.**

- II-A.** In the three years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~
1. Did the employee have alcohol tests with a result of 0.04 or higher? YES \_\_\_\_\_ NO \_\_\_\_\_
  2. Did he employee have verified positive drug tests? YES \_\_\_\_\_ NO \_\_\_\_\_

See reverse →

3. Did the employee refuse to be tested? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Did the employee have other violations of NON-DOT agency drug and alcohol testing regulations? YES \_\_\_\_\_ NO \_\_\_\_\_
5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_\_\_ NO \_\_\_\_\_
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answer "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow up testing record).*

**II-B.**

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

**Previous Employer – return completed form to:**

**KANSAS DEPARTMENT OF CORRECTIONS**  
**PREVIOUS EMPLOYER RELEASE OF TESTING INFORMATION FORM**

**AUTHORIZATION FOR RELEASE OF ALCOHOL AND CONTROLLED SUBSTANCE  
TESTING INFORMATION**

I hereby authorize the release of my alcohol and controlled substance test results and/or refusals to the agency designee of the State of Kansas Alcohol and Controlled Substance Testing Program For Commercial Drivers. A copy of this form shall be treated as an original and authorize release of information.

Name (please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date \_\_\_\_\_

**KANSAS DEPARTMENT OF CORRECTIONS**  
**REQUEST FOR EMPLOYER INFORMATION**

**SAMPLE**

(Date)

(Previous Employer)  
(Address)  
(City, State, Zip)

Dear (Previous Employer):

As mandated by the Omnibus Transportation Employees Testing Act of 1991 and the rules established by the Federal Highway Administration, the following information is requested for our pre-employment testing records:

In compliance with the rules, I have enclosed written authorization signed by (name of former employee) for the release of the following alcohol and controlled substance testing records for the preceding two year period:

- (a) Alcohol test results with an alcohol concentration level of 0.04 or greater;
- (b) Positive controlled substance test results; and
- (c) Refusal(s) to be tested.

Please provide this information as soon as possible so we can complete the hiring process for this individual. Please mark "CONFIDENTIAL" on the outside of the envelope to ensure confidentiality of this information.

Thank you for your assistance in this matter.

Sincerely,

State of Kansas  
(State Agency Program Designee)

cc: Director of Personnel Services

**ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM  
FOR COMMERCIAL DRIVERS**



**RELEASE OF INFORMATION FORM**

As an employee in a commercial driver position, I understand and acknowledge that I have been referred to the State of Kansas Employee Assistance Program (EAP).

I hereby sign this waiver which releases information about the education and treatment program in which I will participate. I authorize the release of any and all information regarding my admittance to an in-patient or outpatient treatment program, the treatment program and progress, how the scheduled treatment will affect my work schedule, and other information which may affect my employment responsibilities with the State of Kansas.

I will present a copy of this signed waiver to the EAP counselor as notification that I am a referral from the State of Kansas Alcohol and Controlled Substance Testing Program for Commercial Drivers. This form will serve as notice that information must be released to the Director of the Division of Personnel Services, Department of Administration, regarding my admittance and treatment schedule for as long as I am involved in treatment and follow-up care. I understand that if I do not contact the EAP, schedule an assessment, provide information regarding my treatment or complete my scheduled treatment sessions, I may be subject to disciplinary action in accordance with the Civil Service Act.

Name of Employee: \_\_\_\_\_

Agency Number and Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Position Number: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
Date

**KANSAS DEPARTMENT OF CORRECTIONS**  
**ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM**  
**FOR COMMERCIAL DRIVERS**

**ASSESSMENT AND EDUCATION OR TREATMENT VERIFICATION FORM**

This certifies that the following individual participated in an alcohol and/or controlled substance evaluation **as a mandatory referral from the LIFELINE Employee Assistance Program.**

Name of Employee: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Please check the following as appropriate:

- (I.)  Education or treatment assistance is not required. Proceed with return-to-duty testing.
- (II.)  Assistance is required. The program will include:  treatment;  education; or  both.
- (a)  Delay return-to-duty testing until further notice.
- (b)  Proceed with return-to-duty and follow-up testing for the following:
- (1)  Alcohol
- (2)  Controlled Substances
- (3)  Both
- (4)  Terminate follow-up testing \_\_\_/\_\_\_/\_\_\_ (must be at least one year after return-to-duty)
- (III.)  This individual successfully completed the recommended program. This determination is based on clinical evidence contained in our records that the individual is free of controlled substances and/or alcohol:
- (a)  Clinical evidence includes a controlled substance test result
- (b)  Clinical evidence includes an alcohol test result
- (c)  Proceed with return-to-duty and follow-up testing for the following:
- (1)  Alcohol
- (2)  Controlled Substances
- (3)  Both
- (4)  Terminate follow-up testing \_\_\_/\_\_\_/\_\_\_ (must be at least one year after return-to-duty)
- (IV.)  This individual failed to successfully complete the recommended program. This determination is based on:
- (a)  failure by the individual to participate; and/or
- (b)  clinical evidence contained in our records that the individual is not free of controlled substances.
- (c)  clinical evidence contained in our records that the individual is not free of alcohol.

Comments:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Substance Abuse Professional)

\_\_\_\_\_  
(Date)

**ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM  
FOR COMMERCIAL DRIVERS**



**ACCESS TO RECORDS FORM**

As a candidate or employee in a commercial driver position, I request access to all records relative to my alcohol or controlled substance tests. I understand that my complete records, including medical review, screening information and test results will be released to the agency where I am employed or where I applied for a commercial driver position, and to the Director of the Division of Personnel Services, Department of Administration. I understand that by requesting access to these records, I hereby release both the agency appointing authority and the Division of Personnel Services from any and all liability regarding the confidentiality of these records.

Name of Candidate or Employee: \_\_\_\_\_

Agency Name and Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Candidate or Employee)

\_\_\_\_\_  
(Date)

## SAMPLE

**State of Kansas  
ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM  
FOR COMMERCIAL DRIVERS**

To:  
From:  
Date:  
Subject: Appointment Notice - State of Kansas Alcohol and Controlled Substance Testing Program For Commercial Drivers

**(For Candidates)**

The conditional offer of employment for a commercial driver position is contingent upon your taking and passing a controlled substance test. You have been scheduled for a controlled substance test at the collection site on the date and time listed below:

**(For Employees)**

You have been scheduled for alcohol and/or controlled substance testing at the collection site on the date and time listed below:

Name of Collection Site:

Location:

Date:

Time:

You will be responsible for your own transportation to the collection site. Photo identification must be presented to collection site personnel.

You will be responsible for reporting to the collection site at the scheduled time. Failure to report to the collection site at the scheduled time will be considered a refusal to take the controlled substance test and the offer of employment will be rescinded immediately. You will be notified of the results by our office.

Agency Representative: \_\_\_\_\_

**KANSAS DEPARTMENT OF CORRECTIONS  
ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM  
FOR COMMERCIAL DRIVERS**

**Notice to Candidate of Controlled Substance Test Result**

Date of Notice: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

Position Number: \_\_\_\_\_

The result of the drug test conducted on the specimen you provided on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, was "**NEGATIVE**". Illegal drugs or their metabolites were not identified in your specimen by the drug test.

The conditional offer of employment is hereby approved.

Agency Representative: \_\_\_\_\_

**KANSAS DEPARTMENT OF CORRECTIONS  
ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM  
FOR COMMERCIAL DRIVERS**

**Notice to Candidate of Controlled Substance Test Result**

Date of Notice: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

Position Number: \_\_\_\_\_

The result of the drug test conducted on the specimen you provided on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, was a confirmed "**POSITIVE**". Illegal drugs or their metabolites were identified in your specimen by the drug screen and confirmation test. The result was confirmed by the Medical Review Officer.

A retest of the second half of the original specimen may be requested by contacting the Medical Review Officer at 1-800-624-3784 within 72 hours of your notice of the positive test result by the Medical Review Officer.

The conditional offer of employment made on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, is hereby rescinded.

Agency Representative: \_\_\_\_\_

**KANSAS DEPARTMENT OF CORRECTIONS**  
**ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM**  
**FOR COMMERCIAL DRIVERS**

**Notice to Employee of Alcohol Test and Controlled Substance Test Result**

Date of Notice: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

Position Number: \_\_\_\_\_

The result of the drug test conducted on the specimen you provided on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, was "**NEGATIVE**". Illegal drugs or their metabolites were not identified in your specimen by the drug test.

(and/or)

The result of the alcohol test conducted on the breath sample you provided on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, was "**NEGATIVE**".

A LIFEline Employee Assistance Program referral is not required under the provisions of the Alcohol and Controlled Substance Testing Program for Commercial Drivers.

(Add the following if appropriate:)

However, your breath alcohol concentration was 0.02 or greater but less than 0.04. You shall not be allowed to perform safety-sensitive functions for a 24 hour period.

Agency Representative: \_\_\_\_\_

**KANSAS DEPARTMENT OF CORRECTIONS**  
**ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM**  
**FOR COMMERCIAL DRIVERS**

**Notice to Employee of Alcohol and Controlled Substance Test Result**

Date of Notice: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Soc. Sec. Number: \_\_\_\_\_

The result of the drug screen conducted on the specimen you provided on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, was a confirmed "**POSITIVE**". Illegal drugs or their metabolites were identified in your specimen by the drug screen and confirmation test. The result was confirmed by the Medical Review Officer. A retest of the second half of the original specimen may be requested by contacting the Medical Review Officer at 1-800-624-3784 within 72 hours of your notice of the positive result by the Medical Review Officer.

(and/or)

The result of the alcohol test conducted on the breath sample you provided on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, was a confirmed "**POSITIVE**". Your breath alcohol concentration was 0.04 or greater on the confirmation test.

A referral for recommended education or treatment is **required**. As a result of the referral, **you are required to:**

- contact the LIFELINE Employee Assistance Program at 1-800-284-7575 within 24 hours of receipt of this notice;
- accept the first available appointment offered by LIFELINE staff for the assessment session (generally within 48 hours of receipt of this notice);
- accept the first available start date offered for the recommended education or treatment program;
- begin the recommended treatment or education program within 7 calendar days of receipt of this notice, and;
- authorize the release of information regarding your participation and successful completion of the recommended program to retain employment in a commercial driver position.

Any exception(s) to these requirements must be requested by the employee and approved by the Director of the Division of Personnel Services or the Director's designee within 7 calendar days of this notice. Failure to comply with these requirements is considered failure to complete a recommended education or treatment program and is cause to propose dismissal.

Agency Representative: \_\_\_\_\_