



ELITE
PAYROLL SOLUTIONS

TESTING CONSENT FORM

Employer: _____ Client #: _____

I, _____, understand that according to the Companies' Drug-Free Workplace Policy, which I have read and understand, as a condition of employment with the Companies', I may be required to submit a sample(s) of my urine, blood, and/or other legally approved specimen, for chemical analysis. I understand that this analysis will be conducted by a qualified state certified testing laboratory.

The PURPOSE of the analysis is to determine the absence or presence of illegal drugs and/or alcohol.

I CONSENT freely and voluntarily to the Companies' request for specimens. I hereby release and hold harmless the Companies' and its employees from any liability whatsoever arising from any request to furnish my specimens and the testing of my specimens. I further consent to the release of the result(s) of any analysis to the Companies and understand that in the event I refuse to be tested, refuse to execute this Testing Consent Form, or test positive, I will be disqualified for further employment consideration, or subject to disciplinary action up to and including termination of employment by the Companies. I also understand that, in the event I was injured in the course and scope of my employment, and refuse to be tested or test positive, I may, in addition to the above, forfeit all my Workers' Compensation medical and indemnity benefits.

I also CONSENT, in the event of a confirmed positive test, to the release by Elite Payroll Solutions/Work Site Employer of such result(s) to any person(s) with a need to know in connection with any administrative proceeding, lawsuit or other legal action or proceeding, including but not limited to claims for unemployment compensation insurance benefits, to which I am a party, where my test result(s) would be an issue or otherwise relevant to the outcome of the action/ proceeding.

I UNDERSTAND that all information derived from any test will be kept confidential and released only to the Medical Review Officer and/or those Companies' personnel with a need to know, except as authorized pursuant to state law and regulation, or my written consent. I also understand a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout the collection and testing process.

This consent form needs to be signed by every Work Site Employee elected to participate in pre-employment and post-accident drug testing or only post-accident drug testing, which is required for compliance with our Workers' Compensation program components of a Drug-Free Workplace Program.

Employee or Applicant (Print Name)

Witness (Print Name)

Employee or Applicant Signature

Witness Signature

Social Security #: _____

Date: _____