



Reasonable Cause/Suspicion Drug or Alcohol Testing Worksheet

- _____ Reasonable Suspicion Checklist completed
- _____ Supervisor notified
- _____ Manager/Witness agrees testing warranted
- _____ Checklist and Consent Form reviewed with employee¹
- _____ Employee consents to test²
- _____ On-site testing service contacted
On Demand Occupational Medicine
330-270-3660 24/7 On-Site Testing Services
- _____ Test administered
- _____ Employee placed on paid administrative leave
- _____ Employee arranges for transportation³
- _____ Forms emailed to Benefits@YSU.edu **ATTENTION:CHRO**

¹ Union employee may request union representation &/or consult with union representative. Up to ½ hour to obtain representation.

² Employee who refuses test is placed on paid administrative leave & must arrange for transportation.

³ Contact YSU Police if employee refuses or signals they will drive themselves.