



SUBSTANCE ABUSE TESTING REFUSAL

I officially refuse to submit to a drug or alcohol test as requested by the company. I understand that refusal to submit to the requested drug or alcohol test will result in my termination. This has been explained to me along with the purpose for requesting such drug or alcohol testing.

Team Member-

Signature: _____

Name: _____
(PRINT)

Store #: _____

TM #: _____

Date: _____

Time: _____

Witness-

Signature: _____

Name: _____
(PRINT)

Title: _____

Date: _____

Time: _____