



**DRUG-FREE WORKPLACE POLICY
EMPLOYEE CONSENT FORM**

Employee Name (Print): _____

I understand Muhlenberg College's Drug-Free Workplace Policy prohibits the use, sale, promotion and distribution of illegal drugs by employees.

I understand that if I have an on-the-job injury and seek medical treatment, I will be subject to post-accident drug and alcohol screening. I further understand that if there is reasonable suspicion, circumstance or employee behavior indicating drug use or working while under the influence of drugs and/or alcohol, drug and alcohol testing may be required.

Certain medications may be identified in drug testing and I will provide and complete to the best of my knowledge a Medication form at the drug test laboratory. The Medication form will be completed and placed in a sealed envelope by myself for the exclusive use of the above referenced tests.

I hereby release and discharge Muhlenberg College and the designated testing laboratory, officers, directors, and employees from any and all claims, potential claims, and actions relating to testing. My release and discharge includes taking of samples, testing process, procedures, analysis, and the disclosure or utilization of the test results in consideration of continuation of employment.

Finally, I understand I am required to comply with Muhlenberg College's Drug-Free Workplace Policy and that any violation of this policy or a positive test finding will result in disciplinary action up to and including termination. I understand this policy does not alter Muhlenberg College's policy that employment is terminable-at-will at the option of Muhlenberg College or employee. I understand the use or possession of alcohol during the work day or reporting to work under the influence of alcohol is also a violation of Muhlenberg College's Drug-Free Workplace Policy.

My signature below acknowledges that I have read and understand this consent form and agree to the conditions set forth above. I hereby consent to the taking of any required sample/samples for testing by any laboratory designated by Muhlenberg College.

Employee Signature

Date

Witness Signature (Human Resources)

Date

Witness Printed Name

Witness Title