



SPOTSYLVANIA COUNTY

Random Drug Testing Employee Drug Screen Release and Consent

(Individual must complete and sign the bottom section)

As a Fire, Rescue, and Emergency Management employee of Spotsylvania County, I certify that I have received, read, and understand *Spotsylvania County's Personnel Policies and Procedures Manual*, Chapter 17 titled "Drugs and Alcohol." I agree, as a condition of my employment or continued employment as an employee of the Department of Fire, Rescue, and Emergency Management, to submit to a drug screen urinalysis (drug test) in accordance with the procedures set forth in this policy. I further understand that if any test is confirmed positive, or if I refuse to submit to such testing, I will be discharged.

Signature: _____

Printed Name: _____

Social Security Number: _____

Date: _____

Policy effective date: 02/01/00

(Revised 06/14/12)