MUST BRING PHOTO ID TO COLLECTION SITE
**TEST WILL NOT BE PERFORMED WITHOUT PHOTO ID*

DRUG TEST NOTICE FORM

EMPLOYER: Weakley County Government

EMPLOYEE NAME AND SSN: _____

DEPARTMENT/SUPERVISOR: _____

REQUIRED TEST(S) (Please check)

- ☐ NON-Dot Drug Test
- ☐ DOT Drug Test
- ☐ BREATH Alcohol Test
- ☐ Physical

REASON FOR TEST:

- ☐ Pre-Employment
- ☐ Post Accident/Incident
- ☐ Random
- ☐ Other
- ☐ Return to Duty
- ☐ Reasonable Suspicion
- ☐ Follow Up
- ☐ Recert

COLLECTION SITES:

JOB WORLD
120 Barham Rd
Union City, TN 38261
(731) 885-3060

HOMETOWN HEALTH CLINIC
** Drug testing ONLY**

DRESDEN
811 Morrow St
(731) 364-4900

GLEASON
105 North Cedar St
(731) 648-5634

DESIGNATED EMPLOYER REPRESENTATIVE (DER): John Liggett, Director of Finance

DER CONTACT PHONE: (731) 364-5429

In compliance with your Drug Free Workplace Policy and the Drug Free Workplace Program, you are asked to submit a test of your urine and your breath (when requested), for the presences of controlled substances or alcohol.

Bring this notice with you to the collection site!

** Please report promptly to the collection site listed above at the time indicated.
** You must bring proper identification with you!
** Please allow approximately 30-60 minutes for collection procedures.

Certified Lab:
Quest Diagnostics
10101 Renner Blvd
Lenexa, KS 66219
(800) 877-7484

MRO:
Nationwide Medical Review
7160 Graham Rd
Indianapolis, IN 46250
(317) 547-8620

Time Sent _____
Time Arrived _____
Time Left _____