



**OFFICE OF HUMAN RESOURCES
PERSONNEL OPERATIONS AND NETWORK SERVICES**

**GENERAL DRUG TEST AUTHORIZATION PRE-EMPLOYMENT (NON-DOT)
This requires a State of Florida Chain of Custody Form.**

AUTHORIZATION NO.

EXPIRATION DATE

____/____/____

MO. DAY YEAR

NAME OF CANDIDATE/EMPLOYEE _____ DATE ____/____/____
MO. DAY YEAR

SOCIAL SECURITY NUMBER* ____/____/____ EMPLOYEE NUMBER _____

WORK LOCATION NUMBER _____ WORK LOCATION NAME _____

AUTHORIZING ADMINISTRATOR'S NAME _____ (Signature) _____

MIAMI-DADE COUNTY PUBLIC SCHOOLS AUTHORIZED DRUG TEST LOCATIONS

<p>Port of Miami Medical Clinic 1015 N America Way, Suite 150 Miami, Florida 33132 (305) 358-4265</p> <p>Hours: Monday – Friday 8:00 am – 4:00 pm Saturday 9:00 am – 12:00 noon</p>	<p>Airport Medical Clinic 3588 NW 72nd Avenue Miami, Florida 33122 (305) 592-5205</p> <p>Hours: Monday – Friday 8:00 am – 7:00 pm Saturday 9:00 am – 1:00 pm</p>	<p>LabCorp 100 NW 170th Street, #205 N. Miami Beach, Florida 33169 (305) 651-2788</p> <p>Hours: Monday – Friday 10:00 am – 3:00 pm (Please call to verify hours)</p>
<p>LabCorp 10720 Caribbean Blvd, Suite 430 Cutler Ridge, Florida (305) 969-1045</p> <p>Hours: Monday – Friday: 10:00am – 2:00pm (Please call to verify hours)</p>	<p>LabCorp 2720 SW 97th Avenue, #204, #205 Miami, Florida 33165 (305) 220-2636</p> <p>Hours: Monday – Friday (#205) 8:30 am – 4:00 pm Saturday (#204) 7:00 am – 12:00 noon (Please call to verify hours)</p>	<p>LabCorp 7150 W. 20th Avenue, #213 Hialeah, Florida 33016 (305) 826-7784</p> <p>Hours: Monday – Friday 10:00 am – 2:00 pm (Please call to verify hours)</p>

CANDIDATE/EMPLOYEE AGREEMENT

THIS GENERAL DRUG AUTHORIZATION FORM IS VALID FOR ONLY TWO WORK DAYS (48 hours) – NO EXTENSIONS/EXCEPTIONS.

- Candidate **may not** report to work until the work location administrator receives notification of a negative test result. "Notification" is provided through the administrator's electronic summary screen.
- Candidates/Employees who do not comply with the **two work day** time limit will be notified by the Executive Director of Personnel Operations and Network Services and be ineligible for employment for **three years**.
- Candidates/Employees who test **positive** will be notified by the Medical Review Officer (MRO) and be ineligible for employment for **three years**.
- Employees who test positive for use of drugs shall be subject to disciplinary action, up to and including dismissal.

School Board Rule 6Gx13-4-1.05 (Drug Free Workplace General Policy Statement)

*The School District of Miami-Dade County is authorized to collect, use or release social security numbers (SSN) of employees and other individuals for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [Fla. Stat. §119.071(5) (a) 2 & 3].

State directory of new hires (including for determining support obligations and eligibility for several federal and state programs)
[Required by federal law 42 U.S.C. 653a and Fla. Stat § 409.2576 and § 119.071(5) (a)]

I have read and understand all the conditions stated above

Signature of Candidate/Employee Date

DONOR'S CHECKLIST

Please take a few minutes to read the following information which describes your role in the collection process.

- ◇ Present required photo ID to the collector.
- ◇ You may ask the collector to show his/her identification.
- ◇ Remove any unnecessary outer garments, e.g., coat, jacket, hat. All personal belongings (e.g., purse, briefcase) must remain with outer garments. You may retain your wallet. You may ask for a receipt.
- ◇ When instructed by the collector, wash and dry your hands.
- ◇ You will be provided with a sealed collection container, or the collector may unwrap it in your presence.
- ◇ You may provide the specimen in the privacy of a stall or otherwise partitioned area that allows for individual privacy.
- ◇ YOU SHOULD OBSERVE THE ENTIRE COLLECTION PROCEDURE. The collector will check the specimen for the volume, temperature and color. The collector will split the specimen and seal both bottles, as appropriate.
- ◇ Initial the seal on the specimen bottles to certify that it is your specimen.
- ◇ You should complete the information in copies 4-7 on the Custody and Control Form. You will be given a copy of the completed form after the collector has completed his/her certification.
- ◇ You should NOT list medications/prescriptions on any copy of the form other than the one you are given for your own records.
- ◇ Laboratory results will be forwarded to the Medical Review Officer (MRO). If the laboratory results are negative, the MRO will notify your employer. If the laboratory results are positive, the MRO will contact you at the phone number you provided to give you the opportunity to discuss the test results and to submit information demonstrating authorized use of the drugs(s) in question.

I have read and understand the above described.

SIGNATURE OF APPLICANT/EMPLOYEE

DATE