



DIVISION OF HUMAN RESOURCES

INDIVIDUAL LOG - POSITIVE DRUG-FREE RESULTS

NAME: _____ JOB TITLE: _____

WORK LOCATION: _____ EMP ID NO: _____ TELEPHONE: _____
(Including Area Code)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

OTETA GUIDELINES [] Yes [] No
PREVIOUS VIOLATIONS [] Yes [] No

- 1. EVENTS DATE
a. Positive Drug Test Result for: _____
b. Employee notified of Test Results (24 hr. meeting notification letter) _____
c. Employee submitted written explanation (AFFIDAVIT) contesting results (within 5 days of receipt of notification) _____
d. Supervisor notified _____
2. CONFERENCE WITH EMPLOYEE
Outcome: Test split sample
Employee signed Rehabilitation Contract
Medical Release
Employee placed on Leave without Pay
Employee resigned
Termination recommended
3. TREATMENT PLAN RECEIVED [] Yes [] No
Referred to: _____
(Diagnostic, Prognosis Treatment Form)
Counselor: _____
Report is to be submitted from Counselor (due within 30 days of signed contract): _____
4. REPORT OF PROGRESS
Satisfactory
Unsatisfactory
Needs improvement
5. FOLLOW-UP EVALUATION FROM SAP OR COUNSELOR CLEARING EMPLOYEE TO RETURN TO DUTY (written documentation required)
Satisfactorily completed counseling: [] Yes [] No
6. RETURN TO DUTY TEST: Negative Positive DATE: _____
7. SUPERVISOR NOTIFIED OF RETURN TO DUTY DATE: _____
8. RANDOM DRUG SCREENINGS SET FOR TWO YEARS: [] Yes [] No
9. NOTICE TO EMPLOYEE (CONCLUSION OF REHAB PROGRAM) DATE: _____