



CARSON CITY SCHOOL DISTRICT

EMPLOYEE RESPONSE FORM

REFUSAL TO TEST

I acknowledge that Carson City School District has requested that I submit to drug and alcohol testing pursuant to its Drug and Alcohol Testing Program. I further understand that I have previously received a copy of the District's Drug and Alcohol Testing Program.

I understand that the testing is voluntary on my part, and that I may refuse to submit and that such refusal will be grounds for disciplinary action up to and including possible termination in accordance with the applicable Negotiated Labor Agreement and NRS 391.

With full knowledge of the foregoing, I hereby refuse to submit to drug and alcohol testing.

Employee's Signature

Date

Immediate Supervisor

Date

Alcohol and Drug Testing Program Manager/Designee

Date