



1063 W. Hill Rd., Ste C · Flint, MI 48507 · Ph (810) 407-6713 Fax (810) 407-6795

DRUG / ALCOHOL TEST REFUSAL STATEMENT

EMPLOYEE NAME _____

DATE _____

Drug or Alcohol Testing could be for pre-employment, random, post-injury, at a clients' request or for-cause. Refusing to submit to testing will result in immediate termination of employment.

I do hereby refuse to submit to Drug/Alcohol testing required by my employer, Unified Staffing, Inc.

EMPLOYEE SIGNATURE _____ DATE _____

WITNESSED BY _____ DATE _____