

CITY OF LAREDO
REQUEST FOR SECOND DRUG ANALYSIS OF SPLIT SPECIMEN

NOTE TO EMPLOYEE: YOU MUST COMPLETE THIS FORM WITHIN 72 HOURS OF NOTIFICATION OF ORIGINAL POSITIVE TEST RESULT.

Name: _____

Last 4 digits of Social Security No.: _____

Today's Date & Time: _____

Date of Original Test: _____

Date & Time of Notification of Positive Test Result: _____

I, _____, request a retest of my drug test taken on _____. I understand that I am responsible for the cost of the second analysis on the same specimen (SPLIT SPECIMEN) and for any loss of time from my employment. I further understand that if the result of the second analysis is negative, then the City of Laredo will reimburse me for the expense of the test and the time of work loss (paid leave). I also understand if the second analysis is confirmed positive I will be immediately terminated and will no longer be eligible to be hired by the City of Laredo, in accordance with this Policy (see Section XIII, Drug and Alcohol Policy Violations).

Printed Name

Employee's Signature

Date

Received by: _____ Date _____ Time _____