

APPENDIX 2

**St. Cloud Area School District 742
Supervisor's Report of Reasonable Suspicion**

Employee: _____ Date: _____

Location: _____ Time: _____

OBSERVATIONS

BREATH (ODOR OF ALCOHOLIC BEVERAGE): () Strong () Faint () Moderate () None

EYES: () Bloodshot () Glossy () Normal () Watery () Clear
() Heavy Eyelids () Fixed Pupils () Dilated Pupils () Normal

SPEECH: () Confused () Stuttered () Thick-Tongued () Accent () Mumbled
() Fair () Slurred () Good () Mush Mouthed () Not Understandable
() Cotton Mouthed () Other

ATTITUDE: () Excited () Combative () Hilarious () Indifferent () Talkative
() Insulting () Care-Free () Cocky () Sleepy () Cooperative
() Profane () Polite () Other

UNUSUAL ACTION: () Hiccupping () Belching () Vomiting () Fighting () Crying
() Laughing () Other

BALANCE: () Falling () Needs Support () Wobbling () Swaying () Other

WALKING: () Falling () Staggering () Stumbling () Swaying () Other

TURNING: () Falling () Staggering () Stumbling () Swaying () Hesitant
() Other

INDICATE ANY OTHER UNUSUAL ACTIONS, STATEMENTS OR OBSERVATIONS: _____

SIGNS OR COMPLAINTS OF ILLNESS OR INJURY: _____

SAFETY-SENSITIVE FUNCTION: () Yes () No Describe: _____

SUPERVISOR'S OPINION

APPARENT EFFECTS OF ALCOHOLIC/DRUG USE: () None () Slight () Obvious () Extreme

ADDITIONAL COMMENTS: _____

SUPERVISOR: _____ WITNESSES: _____

SIGNATURE: _____
DATE: _____
TIME: _____

Disposition: Forward original to the Human Resources Office.
Retention: Destroy this document after five years from the date of supervisor's signature.

Appendix 3

ST. CLOUD AREA SCHOOL DISTRICT 742 NOTIFICATION OF TESTING RESULTS NON-CMV EMPLOYEES

To Employee: _____

Date: _____

Attached to this notice, please find the results of your drug or alcohol test which was taken on _____, 20____.

Pursuant to St. Cloud Area School District 742's Drug and Alcohol Testing Policy and Minn. Stat. 181.950, 181.957, you have the following rights:

1. You have the right to request and receive from the District a copy of the test result report on any drug or alcohol test conducted on you.
2. In the case of a positive test result on a confirmatory test, you have the right to explain the positive test and the District may request that you indicate any over-the-counter or prescription medication that you are currently taking or have recently taken and any other information relevant to the reliability of, or explanation for, the positive test result.
3. You may request a confirmatory retest of the original sample at your own expense after notice of the positive test result on a confirmatory test. You must notify the District in writing of your intention to obtain a confirmatory retest within five (5) working days after notice of the confirmatory test result. You may use the original testing laboratory which analyzed your test results or you may select another laboratory which is licensed under Minn. Stat. 181.953, Subd. 1, to conduct the confirmatory retest. The confirmatory retest must use the same drug or alcohol threshold detection levels as used in the original confirmatory test. If the confirmatory retest does not confirm the original positive test result, no adverse personnel action based on the original confirmatory test may be taken against you.
4. The District may not discharge, discipline, discriminate against, or request or require rehabilitation of you on the basis of a positive test result from an initial screening test that has not been verified by a confirmatory test. Any disciplinary action taken will be consistent with the Collective Bargaining Agreement and applicable laws, including Minn. Stat. 122A.40.
5. The District may not discharge you for a positive test result on a confirmatory test when the

confirmatory test was the first such result for you on a drug or alcohol test requested by the District unless the following conditions have been met:

- (a) the District has first given the employee an opportunity to participate in, at the employee's own expense or pursuant to coverage under an employee benefit plan, either a drug or alcohol counseling or rehabilitation program, whichever is more appropriate, as determined by the District after consultation with a certified chemical abuse counselor or a physician trained in the diagnosis and treatment of chemical dependency; and
 - (b) the employee has either refused to participate in the counseling or rehabilitation program or has failed to successfully complete the program, as evidenced by withdrawal from the program before its completion or by a positive test result on a confirmatory test after completion of the program.
6. The District may temporarily suspend you or transfer you to another position at the same rate of pay pending the outcome of the confirmatory test and, if requested, the confirmatory retest, provided the District believes that it is reasonably necessary to protect the health or safety of the employee, co-employee, students or the public. An employee who has been suspended without pay must be reinstated with back pay if the outcome of the confirmatory test or requested confirmatory retest is negative.
7. The District may not discharge, discipline, discriminate against, or request or require the rehabilitation of you on the basis of medical history information revealed to the District when you consented to the test unless you were under an affirmative duty to provide the information before, upon or after hire. The District recognizes that no affirmative duty exists unless specifically stated in writing as part of an individual employee's Return to Work Agreement or any other written agreement between the District and its employees.
8. You will be given access to information in your employee personnel file relating to positive test result reports and other information acquired in the drug and alcohol testing process and conclusions drawn from and action taken based on the reports or other acquired information.
9. The test results will be considered invalid if the District or laboratory does not follow the conditions set forth in the School District Policy or Guidelines.
4. All written information required to be delivered to the District under the Drug and Alcohol Testing Policy must be sent to: Executive Director of Human Resources,
St. Cloud Area School District 742, 628 Roosevelt Road, St. Cloud, MN 56301.

Date

Executive Director of Human Resources
St. Cloud Area School District 742
628 Roosevelt Road
St. Cloud, MN 56301

Appendix 4

ST. CLOUD AREA SCHOOL DISTRICT 742

**RELEASE TO RETURN TO WORK AGREEMENT
NON-CMV EMPLOYEES**

You have been on medical leave of absence from work for _____ weeks for treatment for admitted alcohol/drug abuse. We received a statement signed by a licensed provider stating you have been released to return to work.

We encourage your continued recovery. We do expect you to be in full compliance with the discharge plan of continuing recovery and will be receiving regular updates on your participation in the program as outlined by _____.

Your continued abstinence from drugs/alcohol is essential and you will be subject to unannounced drug / alcohol tests pursuant to the District Employee Drug and Alcohol Testing Policy. The period for unannounced drug/alcohol tests will expire on _____, 20____. A positive drug/alcohol test, refusal to take an unannounced drug/alcohol test, or non-compliance with the requirements of your continuing recovery program may result in discipline, including the possibility of the immediate termination, consistent with the Collective Bargaining Agreement and applicable laws, including Minn. Stat. 122A.40.

Employee

Date

District 742 Representative

Date