**Hair Follicle Drug Test Authorization**

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| **Employee Name:** |
| **Employee’s Supervisor:** |
| **I do agree to allow my hair to be used for drug testing purposes. If the test does come back negative for the alleged substance, I will be able to continue my employment and be compensated for any missed time because of the testing.**  **I do realize that if the drug test does come back positive for the alleged substance, I will be responsible for the cost of the drug test which will be deducted from my last check. My employment will then be terminated.** |
| **Location:** |
|  |
| **Employee’s comments:** |

***EMPLOYEE'S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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| **Supervisor’s Name:** | **Date:** |
| **Supervisor's Signature:** | |