



REFUSAL OF DRUG TESTING FORM

I, _____, refuse drug testing.

Signature: _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____

Witness Printed Name & Title: _____

REFUSAL OF ALCOHOL TESTING FORM

I, _____, refuse alcohol testing.

Signature: _____ Date: _____

Printed Name: _____

Witness Signature: _____ Date: _____

Witness Printed Name & Title: _____

REFUSAL TO SIGN THE REFUSAL FORM

_____ refused to sign the refusal of alcohol testing form.
(Print Name)

Witness Signature: _____ Date: _____

Witness Printed Name & Title: _____
