

## White Earth Tribal Council Managers Form-Request to Test for Alcohol/Drugs

*To be completed by program manager at the time of the incident. Submit to Human Resources.*

### PART 1- Employee Data

Last Name	First Name
Employee Job Title	Employee Supervisor/Manager
Program	Division

### Part II - Incident

Date of Incident / /	Time of Incident : AM PM	Location of Incident
What made you aware of the employee's condition?		
Was there any observed or reported changes or differences in any of the following:		
Speech	No Yes	Slurred, slow, fast, other:
Eyes	No Yes	Blood shot, pupils large, pupils small, glossy, very wide open, droopy lids, other:
Odors	No Yes	Alcohol, drugs, other:
Muscle Coordination	No Yes	Slow, fast, awkward, other:
Reaction time	No Yes	Slow, awkward, other:
Appearance	No Yes	Clothing, hair, other:
Behavior	No Yes	

Are you in daily contact with the employee? Yes No  
If yes, please explain how the employee normally performs his/her job duties?

### Part III-Director Request for Department Testing

Department/Program to be Tested Yes No

Department/Program to be tested: \_\_\_\_\_

Program to provide tentative dates for all employees to be available: \_\_\_\_\_

\_\_\_\_\_  
Program Manager or Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Report (to be used for individual testing)

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date Received

For Human Resource Use Only

Testing approved: Yes No By: \_\_\_\_\_ Date: \_\_\_\_\_

If no, reason: \_\_\_\_\_

Test Date: \_\_\_\_\_ (HR to coordinate with Drug Testing office)