

**APPENDIX “D-1”
Rehabilitation Program Testing Consent Form**

TO: The PMTA-ILA Committee on Drug and Alcohol Abuse

I, _____, having been accepted for an approved substance abuse rehabilitation program, as a condition to my returning to work under the PMTA-ILA collective bargaining agreement, hereby agree as follows:

1. I can be – and I hereby consent to be – tested at any time, upon notice to me, after the date that I enter the program and until such time as I am returned to employment in the industry.

2. If I fail or refuse to take or I improperly submit a specimen for any such test of if any such test shows a “positive” result for a prohibited substances, it will be sufficient grounds for my immediate termination from participant in the program and my being terminated if it is my second offense and my being permanently barred if it is my third offense from all further employment under any PMTA-ILA collective bargaining agreement.

_____ Witness	_____ Signature
_____ Date_____ Time_____	_____ Social Security No.