

**APPENDIX “D-2”
Post- Rehabilitation Testing Consent Form
Following a Second Offense**

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

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

1. That I can be – and I hereby consent to be – tested at any time, upon notice to me, after the date that I return to employment following my second offense.

2. If I fail or refuse to take or I improperly submit a specimen for any such test or if any such test which shows a “positive” result for a prohibited substance, it will be sufficient grounds for my immediate discharge and my being permanently banned from all further employment under the PMTA-ILA collective bargaining agreement

Signature

Witness

Social Security No.

Date_____ Time_____