

**EMPLOYEE DRUG TEST CONSENT AGREEMENT**

I, **X** \_\_\_\_\_, acknowledge that I have been advised of the MIS CORPORATION – MICHIGAN drug and alcohol policy as contained in the Company’s personnel policies and procedures handbook. I understand that the drug and alcohol policy applies to me in my employment with the Company.

I hereby authorize and give full permission to have the Company or any of its contracted medical providers, their staff and/or their associates, to send a specimen of urine or any other form of test sample to a testing laboratory for screening for the presence of drugs or alcohol.

I also hereby consent to the release of any test results to those Company officials who make employment decisions for the Company. I understand that any positive result from such a test may result in discipline up to and including discharge.

I understand that my execution of this voluntary consent agreement is a term and condition of employment. If I already maintain an employment relationship with the Company, I understand that failure to execute this agreement will result in termination of my employment. If I am an applicant for employment, I understand that failure to execute this agreement will result in my not being further considered for employment with the Company.

**X** \_\_\_\_\_  
EMPLOYEE SIGNATURE

**X** \_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE