

**Drug and Alcohol Testing Policy Receipt and Consent Form:
Waiver for Temporary Employment in Maine**

I have been given a copy of **[Name of Company]**'s Substance Abuse Testing policy for Applicants and/or Employees in the State of Maine. I understand that I may ask any questions I wish regarding clarification of its contents. By signing below, I acknowledge that I have read and understand the terms and conditions contained in **[Name of Company]**'s Substance Abuse Testing policy, and I agree to follow it.

In addition, I understand that some clients of **[Name of Company]** have adopted different policies requiring drug and/or alcohol testing. It is my understanding that **[Name of Company]**'s policy and client policies are implemented for the purpose of providing me with a safer work environment.

By signing below, I hereby voluntarily authorize and consent to being subjected to drug and/or alcohol testing as provided by **[Name of Company]**'s approved substance abuse testing policy or any of their client's approved policies. I understand that I may be required to be drug tested for each assignment. I also authorize and consent to the release of the results of such drug and/or alcohol tests to employees, agents and representatives of **[Name of Company]**, the client and drug testing laboratories.

If I have been on an assignment for **[Name of Company]** previously, I waive the applicable requirements for "employees" under the Maine Substance Abuse testing statute and rules, and agree to be subject to **[Name of Client Company]**'s approved drug testing policy, so long as I have not been assigned to work at that company in the 30 days prior to the date I sign this document. No adverse action will be taken against any individual for refusing to sign the waiver, except that the individual will not be permitted to work for that client company.

Signature

Date

Witness

Date