

PRE-EMPLOYMENT DRUG SCREEN

Name: _____ Dept: _____

Department Head: _____

The above named employee has completed their pre-employment drug screen.

Lab Tech: _____ Date: _____

IDENTIFICATION BADGE

(circle one) NEW EMPLOYEE RETAKE *(collect \$5.00)*

Name (print): _____

Department: _____

Job Title: _____

Hire Date: _____

Return to Brittany in HIM