

EXHIBIT A

**EUFULA PUBLIC SCHOOL DISTRICT I-001
MANDATORY REFERRAL AND RELEASE OF INFORMATION**

As an employee of Eufaula Public School District I-001, I understand that I have been referred to the Eufaula Public School District I-001's Employee Assistance Program (EAP). I understand that I must:

- () Contact the EAP counselor (SAP) within forty-eight (48) hours of time designated below.
- () Provide a urine specimen within twenty-four (24) hours.
- () Submit to a breath alcohol test.

A signed copy of this waiver will be presented to the drug/alcohol consortium as notification that I am a referral from Eufaula Public School District I-001.

This form will serve as notice that information may be released to the Superintendent of Eufaula Public School District I-001.

Only information regarding my notification of the EAP counselor or SAP, confirmation of a face-to-face assessment, confirmation of admittance, including date and estimated length of stay, to an appropriate treatment program, confirmation of attendance at all scheduled treatment appointments, successful completion of the treatment program or controlled substance and/or alcohol test released to Superintendent.

I understand that if I do not follow the directions checked above and provide confirmation of attendance and completion, that I am subject to disciplinary action up to and including termination of employment with Eufaula Public School District I-001.

Likewise I understand that if I am required to submit to a controlled substance and/or alcohol test and fail to do so that I may be subject to disciplinary action up to and including termination of employment with Eufaula Public School District I-001.

Name of Employee:

Social Security Number:

Signature of Applicant or Employee:

Date:

Referring Supervisor:

Date:

Superintendent of Schools:

Date:

Time of Day: