

When using this form, please contact Employee Services.  
(If outside of normal business hours, please contact  
Employee Services when possible).



**Drug Free Workplace**

*Lake County Board of County Commissioners*

**Reasonable Suspicion Drug Testing**

Lake County  
Department of Employee Services  
P.O.Box 7800  
315 W. Main St.  
Tavares, FL 32778-7800  
Tele (352) 343-9596  
Fax (352) 343-9883

***Designated Specimen Collection Site***

Testing Date: \_\_\_\_\_

Expected Arrival Time: \_\_\_\_\_

Location: Express Care  
2020 Nightingale Lane  
Tavares, FL 32778  
Phone: (352) 742-1500

The following employee will proceed to the designated specimen collection site within forty-five (45) minutes of this notification.

**Employee will be required to present their County I.D. or Driver's License to the Drug Screen Coordinator along with this notification form.**

Employee Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Job Title (CDL required): \_\_\_\_\_

Employee will submit to a drug and/or alcohol test for reasonable suspicion of drug and/or alcohol use/abuse.

**Drug**       **Alcohol**

**Drug Screen Coordinator Section**

*Have the Drug Screen Coordinator (or designee) complete the next section.*

Arrival Time: \_\_\_\_\_ Print Name: \_\_\_\_\_

Departure Time: \_\_\_\_\_ Signature: \_\_\_\_\_

After reporting to testing facility for screening, employee shall present this completed notification to their supervisor, who will forward the form to the Department of Employee Services.