CalHR Substance Abuse Program
Federal Drug and Alcohol
Random Testing Pool Addition/Deletion
California Department of Human Resources
State of California

Date

Document Processing

Person adding employee to testing pool

Phone Number

Email

Department

District / Division

☐ **Add**

☐ **Transfer**   From District/Division: _____   To District/Division: _____

☐ **Delete (Inactive)**

Reason: ☐ Retired Date: _____ ☐ Separated Date: _____ ☐ Employee Quit Program

☐ Removed from Program by Department (Explain in Comments section below.)

Employee Information

Name (Last, First, MI)

Alternate ID

Position Number

Work Location Zip Code

Pool Type
☐ Driver   ☐ Crew   ☐ Sensitive Position

Employee is a Supervisor
☐ Yes   ☐ No

Collective Bargaining Unit

CDL Number

CDL Expiration Date

Comments (If employee was removed from the program by the Department, state the reason.)

Prepared by

Title

Phone number