ALCOHOL AND CONTROLLED SUBSTANCE TESTING PROGRAM
FOR COMMERCIAL DRIVERS

RELEASE OF INFORMATION FORM

As an employee in a commercial driver position, I understand and acknowledge that I have been referred to the State of Kansas Employee Assistance Program (EAP).

I hereby sign this waiver which releases information about the education and treatment program in which I will participate. I authorize the release of any and all information regarding my admittance to an in-patient or outpatient treatment program, the treatment program and progress, how the scheduled treatment will affect my work schedule, and other information which may affect my employment responsibilities with the State of Kansas.

I will present a copy of this signed waiver to the EAP counselor as notification that I am a referral from the State of Kansas Alcohol and Controlled Substance Testing Program for Commercial Drivers. This form will serve as notice that information must be released to the Director of the Division of Personnel Services, Department of Administration, regarding my admittance and treatment schedule for as long as I am involved in treatment and follow-up care. I understand that if I do not contact the EAP, schedule an assessment, provide information regarding my treatment or complete my scheduled treatment sessions, I may be subject to disciplinary action in accordance with the Civil Service Act.

Name of Employee: _____

Agency Number and Name: _____

Social Security Number: _____ Position Number: _____

_____ _____

(Signature of Employee) Date

DA 292 Original to Division of Personnel Services. Copies to Agency, Employee and the EAP. 5/02