

SUBSTANCE ABUSE POLICY
AND
EMPLOYEE ASSISTANCE PROGRAM

LOCAL 689, ATU¹
AND
LOCAL 922, IBT²

¹ Local 689, ATU SAP/EAP executed and revised on September 7, 1994.

² Local 922, IBT SAP/EAP Policy is identical to Local 689's; executed and revised on December 30, 1994.

SUBSTANCE ABUSE POLICY
AND
EMPLOYEE ASSISTANCE PROGRAM

The Washington Metropolitan Area Transit Authority and Local 689, Amalgamated Transit Union, AFL-CIO, have met and agreed to adopt the following policy in order to comply with the regulations issued by the Federal Transit Administration (FTA) entitled, "Prevention of Prohibited Drug Use in Transit Operations," 49 CFR Part 653 and "Prevention of Alcohol Misuse in Transit Operations," 49 CFR Part 654. The policy amends the parties' Substance Abuse Policy and Employee Assistance Program (SAP/EAP) negotiated in 1984 and extends the parties commitment to maintaining a drug-free workplace to protect the health and safety of employees and the riding public.

The following Substance Abuse Policy (SAP) covers all Local 689 employees and is designed to assist employees with problems growing out of substance abuse which may cause poor attendance, unsatisfactory job performance, or create safety hazards for the employee, co-workers, or the public.

The Employee Assistance Program (EAP) is a confidential joint labor-management program offering counseling and referral for employees who have substance abuse problems in addition to marital, emotional, family, or financial concerns which may cause poor attendance, unsatisfactory job performance, or create safety hazards for the employee, co-workers, or the public.

Elements of the Employee Assistance Program (EAP):

1. Eligibility:

- There are two major categories of employees under the Substance Abuse Policy and Employee Assistance Program.
- Category I employees are those with alcohol or drug related problems who voluntarily request assistance.
- The Authority will not limit the number of times a Category I EAP participant may avail her/himself of the Program; however, an employee may be disqualified after multiple EAP referrals when the Joint Labor-Management Committee determines, upon appropriate medical advice that rehabilitation is not likely to be successful.
- Category II employees are those who are subject to termination for off-duty use detected pursuant to Disciplinary Rules contained

herein (Element-8) and who request participation to preserve employment.

- Category II employees will not be permitted to participate in the EAP more than once in any three year period in order to preserve employment. However, after successful completion of the EAP, a Category II employee may subsequently become a Category I participant and voluntarily seek assistance more than once within the three year period.

2. Rehabilitation Procedures and Standards:

- Actual Program procedures and standards will be determined by competent EAP Program experts.
- Program assistance will be out-sourced to established institutions and/or organizations chosen by Authority and Union officials. Administration of the Program will be by Authority employees with oversight by a specially appointed Joint Labor-Management Committee.
- There must be a minimum Program duration for Category II participants as follows:

Alcohol	-	30 days
Marijuana	-	90 days
Other Drugs	-	180 days

- Under appropriate circumstances, in cases where the employee was disciplined pursuant to the Disciplinary Rules contained herein (Element-8) for any drug presence for which the employee had a legitimate, but unreported prescription, the Medical Director may establish a minimum EAP duration of 30 days.
- These minimum program duration periods may be extended in individual cases by the Joint Labor-Management Committee upon advice of the Authority's Medical Department or by the Program agency.

3. Conditional Employment while in EAP:

- Generally, Program participants will be eligible for "conditional employment" in non-safety sensitive jobs, subject to job availability and clearance by EAP Medical staff.
- Category I participants will continue their regular rate of pay during any period of conditional employment and will continue to accumulate classification seniority.

- **Category II participants will be paid according to the wage rate of the job performed. Their seniority will be frozen effective the date of infraction, but it will be recaptured without interruption effective the date of satisfactory completion of the EAP.**
- **Designated non-safety sensitive positions shall be exempt from the Labor Agreement provisions on posting and filling vacancies, bidding and bumping at any time when there are EAP participants eligible for such positions.**
- **Selection for available non-safety sensitive position vacancies will be determined by date of hire seniority, except the Category I participants are entitled to priority over Category II participants.**
- **Category II participants who are disciplined for use of drugs other than alcohol, marijuana or legitimate but unreported prescription drugs, are ineligible for conditional employment during EAP.**

4. Reinstatement Post-EAP:

- **Category I employees are entitled to reinstatement to their former job classifications upon successful completion of the EAP. If there is no vacancy, such employees will be permitted to "bump" immediately into the former job on the basis of seniority.**
- **Category II employees will be eligible for reinstatement after successful completion of the EAP. Reinstatement will be made to the former job classification on the basis of seniority.**

5. Backpay and Benefits:

- **There will be no entitlement to backpay for any Program participants.**
- **Category I participants will be entitled to use sick leave, vacation and leave of absence without pay for periods of EAP participation. They will also be entitled to continue participation in the Transit Employee Health and Welfare Fund Plan, and they will continue to accrue benefits (such as leave accumulation, seniority and retirement) in accordance with the Labor Agreement, even when the employee does not qualify for conditional employment or where conditional employment is unavailable.**
- **Category II participants not conditionally employed will be entitled to continue participation in the Transit Employee Health and Welfare Fund Plan, provided they pay their own premium share and they shall continue to accrue Retirement Benefits provided they satisfactorily complete the EAP. Such employees can claim pay for accumulated vacation at the**

time of their release from pay status, but they shall not be entitled to receive pay for sick leave or any other benefits.

- **Category I and II employees who receive conditional employment will participate in all benefits under the Labor Agreement for the duration of such work.**

6. Drug and Alcohol Testing

A. The Authority will conduct drug and alcohol testing of employees in safety-sensitive positions in accordance with FTA regulations under the following circumstances.

1. Pre-employment/Pre-duty:

Pre-employment testing shall apply to all applicants for safety sensitive positions and to any incumbent employees transferring or returning to active status in a safety sensitive function.

2. Post-Accident:

Post accident is defined as an incident in which a person has died or is treated at a medical facility or where there has been property damage resulting in the towing of a vehicle or the removal of a transit vehicle from revenue service.

3. Reasonable Suspicion:

Reasonable suspicion testing is done when requested by one supervisor trained in detecting the signs and symptoms of prohibited drug or alcohol use. The reasonable suspicion must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or breath odor of the covered employee which are characteristic of prohibited substance use.

4. Random:

The Authority will conduct on all work shifts unannounced random drug and alcohol testing at the lowest permissible rate for those employees in safety-sensitive positions as permitted by the FTA regulations. The random testing rates are currently established at fifty percent (50%) for drugs and twenty-five percent (25%) for alcohol.

Refusal to submit to an FTA required drug or alcohol test shall result in the employee being considered positive for the test designated.

B. Consistent with the parties' SAP requirements and Post-Incident Medical Test Policy, WMATA will continue its current post-incident drug and alcohol testing program for all represented employees under the following circumstances:

- Pre-employment/Pre-duty**
- Post-incident**
- Attendance Reporting Procedure (ARP)**
- Periodic/annual medical**

Refusal to submit to a WMATA post-incident medical test shall result in the employee being released from pay status, treated as a Category II first offense, and subject to termination unless the employee conditionally preserves employment by participating in the EAP for a minimum of 180 days.

7. Definitions:

A. Specimen Collection/Testing

- FTA Drug and Alcohol Test Policy**
- WMATA Post-Incident Medical Test Policy**

- | | |
|--|---------------------------|
| 1. Alcohol | Exhaled air (EBT)* |
| 2. Marijuana | Urine |
| 3. Cocaine; opiates;
amphetamines; phencyclidine;
any other intoxicant/drug | Urine |
| 4. Prescription medication** | Urine |

***Blood for WMATA post-incident testing when employee's medical condition establishes inability to perform EBT (shy lung) or in case of injury which causes the employee to be under the care of emergency medical staff and unavailable for EBT; see Addendum I for controlling cut-off levels and applicable disciplinary rules.**

****Applicable to WMATA Post-Incident Medical Test Policy only.**

B. Cut-Off Levels (Stipulated)

1. Alcohol .019 and below - negative
.02 - .039 - positive - below minimum
.04 and above - positive
2. Marijuana Urine - FTA cutoff level reported as positive
(100ng and above)
3. Cocaine; opiates; Urine - FTA cut-off level reported as positive
amphetamines; phencycli-
dine; any other intoxicants
4. Prescription medication Urine - reported cut-off level - positive

C. Physician Prescribed Intoxicants

Employees required to use prescription drugs authorized by a licensed physician are responsible for being aware of any effect such drug may have on the performance of their duties and to report the use of such substances to their supervisor prior to reporting for work. When an employee does not comply with this requirement, a physician's prescription will not be an acceptable excuse for the use or possession of an intoxicant and the employee will be subject to discipline as set forth herein.

D. Intoxicant

The term intoxicant includes, but is not limited to, ethanol (alcohol), amphetamines, barbiturates and other hypnotics, cocaine, narcotics (opiates such as heroin, morphine and codeine; methadone), PCP and other hallucinogens, marijuana and any other cannabinoid (e.g., hashish). The term intoxicant also includes any other substances that alters one's senses or could affect one's ability to function in his or her job.

8. Disciplinary Rules:

- A. Use, Sale or Possession on Duty of Any Intoxicant (Drug or Alcohol)
 - Immediate Termination.
- B. Off-Duty Sale, Distribution or Possession with Intention to Distribute Illegal Drugs or Manufacture of Illicit Drugs Resulting in a Criminal Conviction
 - Immediate Termination.

C. Use Off-Duty of Any Intoxicant with Detectable Presence in the Body as Indicated by a verified drug and alcohol screen.

1. For the presence of an intoxicant in the body system which is at or above the stipulated minimum levels, (.04 and above for alcohol) while on duty--

First Offense

- Immediate release from pay status with a return to regular pay status only after satisfactory completion of EAP.
- Employee released from pay status will have ten (10) working days from notification of disciplinary action to enroll in the EAP. If the employee fails to enroll during that period, the employee will be terminated.
- Sixty month random testing period after reinstatement.

Second Offense

- Second offense of any detectable level of any intoxicant within a three year period from the first offense, with the exception of alcohol in which a level of .02 or more will be regarded as the minimum detectable level, will result in termination.

2. For a presence of alcohol in the body system which is at the stipulated minimum levels (.02-.039), while on duty --

First Offense

- 10 day suspension from duty.
- Detailed briefing on the EAP and the importance of participation and the certainty of discipline for future offenses.
- Sixty month random testing period.

Second Offense Within a Three Year Period

- Release from pay status with EAP option.

Third Offense Within Three Years From the Second Offense

- Termination.

9. Release for Non-Compliance:

In the event a rehabilitation program provider notifies the medical director that an EAP participant has been dismissed from the treatment plan for non-compliance both the participant and the Joint Labor-Management Committee members will receive written notice of the providers action from the EAP Administrator.

Category I & II Employees will be given an opportunity (voluntarily) to meet with two or more committee members (both labor and management must be represented) to explain why they did not respond to the rehabilitation program requirement.

The Committee Will Determine If The Category I Participant Shall Be:

- (a) Retained in the Category I Status
- (b) Placed into a category II Program
- (c) Dropped from EAP

The Committee Will Determine if The Category II Participant Shall Be:

- (a) Retained in a Category II Program
- (b) Dropped from EAP

Executed this 7th day of September , 1994.

WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY

By _____
Lawrence G. Reuter
General Manager

LOCAL 689, AMALGAMATED TRANSIT UNION, AFL-CIO

By _____
James M. Thomas, President - Business Agent

ADDENDUM I

Governs WMATA post-incident medical test policy for alcohol only when blood is collected.

A. Cut-off level in blood (stipulated):

Alcohol .029 and below - negative
.03-.049 - positive - below minimum
.05 and above - positive

B. Disciplinary Rules:

1. Use off-duty of alcohol with detectable presence in the body as indicated by a verified alcohol screen while on-duty (blood) .05 and above:

First Offense

- Immediate release from pay status with a return to regular pay status only after satisfactory completion of EAP.
- Employee released from pay status will have ten (10) working days from notification of disciplinary action to enroll in the EAP. If the employee fails to enroll during that period, the employee will be terminated.
- Sixty month random testing period after reinstatement.

Second Offense

- Second offense for alcohol in which a level of .04 or more in blood or .02 or more EBT will be regarded as the minimum detectable level and will result in termination.

2. For the presence of alcohol in the body system which is at the stipulated minimum levels of .03-.049 in blood while on duty:

First Offense

- 10 day suspension from duty.
- Detailed briefing on the EAP and the importance of participation and the certainty of discipline for future offenses.
- Sixty month random testing period.

Second Offense Within a Three Year Period

For the presence of alcohol in the body system which is at the stipulated minimum levels of .03-.049 in blood or the minimum stipulated level of .02 - .039 more EBT while on duty:

- 10 day suspension from duty.
- Release from pay status with EAP option.

Third Offense Within Three Years From the Second Offense

For the presence of alcohol in the body system which is at the stipulated minimum levels of .03 or more in blood or the minimum stipulated level of .02 or more EBT while on duty:

- Termination.

DRUG AND ALCOHOL TESTING REQUEST FORM
 (This Form must be Brought to the Testing Site by Employee/Supervisor)

Monday through Friday from 4:00 p.m. to 8:00 a.m., weekends and holidays, the Howard University Hospital (HUH) will conduct FTA Post-Accident, Reasonable Suspicion and WMATA Post-Incident Testing. This testing will be conducted at the YWCA Building Monday through Friday from 8:00 a.m. to 4:00 p.m.

To be Completed by Supervisor who Notifies Employee of Testing Requirement

Employee Name	I.D. Number	Test Date/Time
Job Title	Work Location	Supv., Name/Telephone #

Instructions on Reverse Side

1. Check only one category of test requested (see reverse side of form for definitions). When WMATA/Post-Incident or FTA/Post-Accident or Reasonable Suspicion category is checked, please complete reverse side of form.

WMATA Required Test

FTA Mandated Test

- Post-Incident
- ARPS (20 pt. mandatory testing)

- Random
- Reasonable Suspicion
- Post-Accident

Other (See reverse side of form for this category)

2. Was employee at work on day of scheduled testing?
 ___ Yes, employee sent for testing.
 ___ Yes, but unable to release employee for testing. Supervisor to complete, sign and fax *Drug/Alcohol Testing Exempt Form* to (202) 636-5096 (read instructions carefully when completing the form). This form will be audited in accordance with existing internal procedures.
 ___ No. If no, check appropriate box, and fax form to Medical Office 202-636-5096 ASAP.
 Sick Vacation Work a Different Shift LWOP (pre-approved)
 AWOL Regular Day Off Scheduled Holiday Other Explain)
3. Time supervisor notified employee of testing requirement and ensured employee had picture I.D. ___ a.m. ___ p.m.
4. Time employee left work site for testing area _____ a.m. _____ p.m.

Supervisor must accompany employee to FTA Post-Accident, Reasonable Suspicion and WMATA Post-Incident testing. Employee may travel unaccompanied for all other categories of testing.

INSTRUCTIONS FOR SELECTING PROPER TEST CATEGORY

1. Only one testing category may be selected.
2. FTA testing categories may be conducted only on FTA defined safety-sensitive job classifications (as per WMATA P/I - 7.21 Drug/Alcohol Testing Program). Call Medical Office 635-6720 if uncertain.
3. Select the FTA test category if test request could either be WMATA post-incident or FTA reasonable suspicion or post accident.
4. Definitions:

A. WMATA Required Test

- C Post-Incident - as previously defined by WMATA Substance Abuse Policy (SAP). Describe events that led to request for post-incident testing:

—

—

- C ARPS (20 pts.) - employee who accumulates 20 pts. is subject to drug/alcohol screening in accordance with WMATA SAP.

B. FTA Mandated Tests

- C Random - conducted only on FTA defined safety-sensitive employees. The Medical/EAP Office notifies supervisor which employees were randomly selected for this category. Supervisor must notify employees of testing requirement just prior to scheduled time of testing.
- C Reasonable Suspicion - conducted only on FTA defined safety-sensitive employees. Supervisor requests this test when there is reason to suspect prohibited drug use or alcohol misuse.

NOTE: The request for reasonable suspicion testing must be based on specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odor of the safety-sensitive employee.

Check all applicable short term indicators:

- | | |
|---|--|
| 9 Poor physical coordination | 9 The presence of alcoholic beverages |
| 9 Slow reactions or slurred speech | 9 Unusual Restlessness |
| 9 The odor of marijuana smoke in the area | 9 Combative behavior, loud arguing or fighting |
| 9 Hand tremors or unsteady walking | 9 The presence of drug paraphernalia |
| 9 Dilated or constricted pupils | 9 Observing the employee ingest, inject, smoke |
| 9 Disorientation | or inhale (snort) a prohibited substance |
| 9 Alcohol odor on breath | |

- C Post-Accident - conducted only on FTA defined safety-sensitive employees. Alcohol testing should be conducted within 2 hours post-accident but not later than 8 hrs. Drug testing may be conducted up to 32 hrs. post-accident.

An FTA defined accident occurs when [check applicable box(es)]:

- 9 A fatality occurs
- 9 Personal injury (non-fatality)

9 Property damage only

C. Other - check this category when Medical/EAP Office requests the supervisor to send employee to Medical/EAP for testing. This category may include follow-up testing as per WMATA SAP.

Sample # 1

SUBJECT: DRUG & ALCOHOL TESTING

DATE: _____

Employee Name /I.D. Number

FROM: COLLECTION TECHNICIAN

TO: WMATA SUPERVISOR

name /collection site

name / telephone no.

On _____, the above subject employee was referred for drug and/or alcohol
date / time

testing.

PLEASE REFER TO THE ITEM(S) CHECKED BELOW FOR FURTHER INFORMATION

- _____ 1. **POSITIVE ALCOHOL TEST**
The alcohol test was confirmed positive (0.02 or above) at _____ level. This employee must be removed from safety-sensitive duty immediately. WMATA Medical Office will follow-up with you on the next business day.
- _____ 2. **INCOMPLETE DRUG/ALCOHOL TEST**
The above subject employee failed to provide the proper specimen(s) allegedly due to a physical incapability. This employee must be held off from safety-sensitive duty and given three (3) work days to provide medical documentation to WMATA's Medical Review Officer (MRO) for the condition which rendered her physically unable to provide this specimen. Please follow-up with WMATA Medical Office.
- _____ 3. **REFUSAL**
The above subject employee refused to submit to testing. This employee is being referred to you for appropriate administrative action.
- _____ 4. **OTHER (PLEASE EXPLAIN)** Example: invalid test due to equipment failure

Copies: Original - WMATA Supervisor
Copy - WMATA Medical Office (fax immediately along with copy of "Drug & Alcohol Testing Request Form" to 636-5096 or 636-5095
Copy - Collection Technician

Sample # 2

SUBJECT: Incomplete Drug and or Alcohol Test DATE:

FROM:

**TO: Employee Name
Payroll Number
Title and Work Location**

PURSUANT TO THE PARTIES' SUBSTANCE ABUSE POLICY/EMPLOYEE ASSISTANCE PROGRAM (SAP/EAP) , ON _____ YOU WERE SUBJECT TO A DRUG AND/OR

(Month/Day/Year)

ALCOHOL TEST. THE MEDICAL OFFICE HAS REPORTED THAT YOU FAILED TO PROVIDE A SPECIMEN FOR TESTING ALLEGEDLY DUE TO A PHYSICAL INCAPABILITY.

- C You are being held off from your safety-sensitive duties.**
- C You will be given three (3) work days (unless other arrangements are cleared by the Medical Office) to provide medical documentation of a condition which rendered you physically incapable of providing a specimen. The medical documentation must include reports of all tests, x-rays and special studies which support your physician's opinion that you may have been physically unable to provide a specimen.**
- C The WMATA Medical Review Officer (MRO) will review this medical documentation and determine if there is sufficient medical justification to conclude that you were physically unable to provide a specimen.**
- C Failure to provide medical documentation within the specified time (three work days) or failure of the MRO to concur that there was sufficient medical documentation of a physical inability to provide a specimen will result in classifying your incomplete test as a refusal. This would place you in violation of the Parties' SAP/EAP.**

[Refer to appropriate form letter for refusal.]

Supervisor's Signature /Date

Employee's Signature /Date

**cc: EAP Office
 File
 Labor Relations**

**Appropriate Union
President Local 689
President Local 922**

Sample # 3

SUBJECT: Administrative Action - Substance Abuse Policy and Employee Assistance Program - First Offense

DATE:

FROM:

**TO: Employee Name
Payroll Number
Title and Work Location**

PURSUANT TO THE PARTIES' SUBSTANCE ABUSE POLICY/EMPLOYEE ASSISTANCE PROGRAM (SAP/EAP) , ON _____ YOU WERE SUBJECT TO A DRUG AND/OR ALCOHOL TEST. THE MEDICAL OFFICE HAS REPORTED THAT YOUR TEST RESULTS WERE POSITIVE FOR _____. THE RESULTS PLACE YOU IN VIOLATION OF THE PARTIES' SAP/EAP.
(Month/Day/Year)
(Alcohol(level)/Drug(specify))

Drugs and/or Alcohol at 0.04 or Greater - First Offense

- C You are immediately released from pay status.
- C You will be given ten (10) days from this date to enroll in the Employee Assistance Program as a Category II participant to preserve conditional employment.
- C Failure to enroll in the EAP as a Category II participant within ten (10) days will result in your discharge.
- C Upon EAP enrollment you will remain in release from pay status for the minimum program duration specified for this identified substance in the governing Substance Abuse Policy.
 - Alcohol 0.04 and above - 30 days
 - Marijuana - 90 days
 - Prescription Drugs - 30 days to 180 days
 - Cocaine, Opiates, Amphetamines, PCP, any other Intoxicant - 180 days
- C Failure to satisfactorily complete the EAP participation requirements will result in your discharge.
- C Upon return to duty you will be subject to random follow-up testing consistent with SAP/EAP requirements.
- C A second offense of any reported level of prohibit(Alcohol(level)/Drug(specify)) ted drugs or alcohol at 0.02 or greater within a 3 year period from the first offense will result in your immediate discharge.

Supervisor's Signature /Date

Employee's Signature /Date

cc: EAP Office
File
Labor Relations

Appropriate Union
President Local 689
President Local 922

Sample # 4

SUBJECT: Administrative Action - Substance Abuse Policy and Employee Assistance Program - Second Offense

DATE:

FROM:

**TO: Employee Name
Payroll Number
Title and Work Location**

PURSUANT TO THE PARTIES' SUBSTANCE ABUSE POLICY/EMPLOYEE ASSISTANCE PROGRAM (SAP/EAP) , ON _____ YOU WERE SUBJECT TO A DRUG AND/OR ALCOHOL TEST.

**(Month/Day/Year)
THE MEDICAL OFFICE HAS REPORTED THAT YOUR TEST RESULTS WERE POSITIVE FOR_____. THE RESULTS PLACE YOU IN VIOLATION OF THE PARTIES' SAP/EAP.
(Alcohol(level)/Drug(specify))**

Drugs and/or Alcohol at 0.04 and Above - Second Offense

- C This is your second offense of the parties' substance abuse policy within a three year period which subjects you to immediate discharge.**
- C STANDARD LANGUAGE FOR RETURN OF COMPANY PROPERTIES**

Supervisor's Signature /Date

Employee's Signature /Date

**cc: EAP Office
File
Labor Relations**

**Appropriate Union
President Local 689
President Local 922**

Sample # 5

SUBJECT: Administrative Action - Substance Abuse Policy and Employee Assistance Program - First Offense

DATE:

FROM:

TO: Employee Name
Payroll Number
Title and Work Location

PURSUANT TO THE PARTIES' SUBSTANCE ABUSE POLICY/EMPLOYEE ASSISTANCE PROGRAM (SAP/EAP), ON _____ YOU WERE SUBJECT TO A DRUG AND/OR ALCOHOL TEST. THE MEDICAL OFFICE HAS REPORTED THAT YOUR TEST RESULTS WERE POSITIVE FOR _____. THE RESULTS PLACE YOU IN VIOLATION OF THE PARTIES' SAP/EAP.

(Month/Day/Year)
(Alcohol(level)/Drug(specify))

Alcohol at 0.02 - .039 - First Offense

- C You are released from pay status and placed on ten (10) days suspension from duty.
- C You must contact the EAP Office 636-4400 and receive a detailed briefing on the Employee Assistance Program.
- C Upon return to duty you will be subject to random follow-up testing consistent with SAP/EAP requirements.

Supervisor's Signature/Date

Employee's Signature/Date

cc: EAP Office
File
Labor Relations

Appropriate Union
President Local 689
President Local 922

Sample # 6

SUBJECT: Administrative Action - Substance Abuse Policy and Employee Assistance Program - Second Offense

DATE:

FROM:

**TO: Employee Name
Payroll Number
Title and Work Location**

PURSUANT TO THE PARTIES' SUBSTANCE ABUSE POLICY/EMPLOYEE ASSISTANCE PROGRAM (SAP/EAP) , ON _____ YOU WERE SUBJECT TO A DRUG AND/OR ALCOHOL TEST.

(Month/Day/Year)

THE MEDICAL OFFICE HAS REPORTED THAT YOUR TEST RESULTS WERE POSITIVE FOR _____ . THE RESULTS PLACE YOU IN VIOLATION OF THE PARTIES' SAP/EAP.

(Alcohol(level)/Drug(specify))

Alcohol at 0.02 - .039 - Second Offense

- C You are released from pay status and placed on ten (10) days suspension from duty.**
- C You must contact the EAP Office at 636-4400 for a detailed briefing on the Employee Assistance Program.**
- C A third offense involving alcohol or prohibited drugs will result in your discharge.**

Supervisor's Signature /Date

Employee's Signature /Date

**cc: EAP Office
File
Labor Relations**

**Appropriate Union
President Local 689
President Local 922**

Sample # 7

SUBJECT: Administrative Action - Substance Abuse Policy and Employee Assistance Program - Third Offense

DATE:

FROM:

TO: Employee Name
Payroll Number
Title and Work Location

PURSUANT TO THE PARTIES' SUBSTANCE ABUSE POLICY/EMPLOYEE ASSISTANCE PROGRAM (SAP/EAP) , ON _____ YOU WERE SUBJECT TO A DRUG AND/OR

(Month/Day/Year)

ALCOHOL TEST. THE MEDICAL OFFICE HAS REPORTED THAT YOUR TEST RESULTS WERE POSITIVE FOR _____ . THE RESULTS PLACE YOU IN VIOLATION OF THE

(Alcohol(level)/Drug(specify))

PARTIES' SAP/EAP.

Alcohol at 0.02 and Above - Third Offense

C This is your third offense of the parties SAP and results in your immediate discharge.

C STANDARD LANGUAGE FOR RETURN OF COMPANY PROPERTIES

Supervisor's Signature /Date

Employee's Signature /Date

cc: EAP Office
File
Labor Relations

Appropriate Union
President Local 689
President Local 922

Sample # 8

SUBJECT: Administrative Action - Substance Abuse Policy and Employee Assistance Program - Refusal - First Offense

DATE:

FROM:

TO: Employee Name
Payroll Number
Title and Work Location

FTA Mandated Test - Refusal - First Offense

Pursuant to the parties' SAP/EAP on _____ you were subject to drug/alcohol testing in accordance with FTA regulations. Your refusal to submit to _____ testing has resulted in your being considered positive.

- C You are immediately released from pay status.
- C You will be given ten (10) days from this date to enroll in the Employee Assistance Program as a Category II Participant to preserve conditional employment.
- C Failure to enroll in the EAP as a Category II participant within ten (10) days will result in your discharge.
- C Upon EAP enrollment you will remain in release from pay status for a minimum of 30 days if refusal was for alcohol testing and for 180 days if refusal was for drug testing or both drug and alcohol testing.
- C Failure to satisfactorily complete the EAP participation requirements will result in your discharge.
- C Upon return to duty you will be subject to random follow-up testing consistent with SAP/EAP requirements.
- C A second offense of any reported level of prohibited drugs or alcohol at 0.02 or greater within a 3 year period from the first offense will result in your immediate discharge.

Supervisor's Signature /Date

Employee's Signature /Date

cc: EAP Office
File
Labor Relations

Appropriate Union
President Local 689
President Local 922

SUBJECT: Administrative Action - Substance Abuse Policy and Employee Assistance Program - Refusal

DATE:

FROM:

TO: Employee Name
Payroll Number
Title and Work Location

WMATA's Post-Incident Medical Test Policy - Refusal

Pursuant to the parties SAP/EAP on _____ you were subject to drug/alcohol testing. Your refusal to complete the testing requirements has resulted in your placement in a Category II status - First Offense with minimum 180 days suspension.

- C You are immediately released from pay status.
- C You will be given ten (10) days from this date to enroll in the Employee Assistance Program as a Category II Participant to preserve conditional employment.
- C Failure to enroll in the EAP as a Category II participant within ten (10) days will result in your discharge.
- C Failure to satisfactorily complete the EAP participation requirements will result in your discharge.
- C Upon return to duty you will be subject to random follow-up testing consistent with SAP/EAP requirements.
- C A second offense of any reported level of prohibited drugs or alcohol at 0.02 or greater within a 3 year period from the first offense will result in your immediate discharge.

Supervisor's Signature /Date

Employee's Signature /Date

cc: EAP Office
File
Labor Relations

Appropriate Union
President Local 689
President Local 922