

# CHIPPEWA VALLEY SCHOOLS

## HUMAN RESOURCES

### AUTHORIZATION FOR PAYROLL DEDUCTION

#### BUS DRIVER: Pre-employment Physical and Drug Screen – Non-CDL License Holders

The Omnibus Transportation Employees Testing Act of 1991 (Act) and its implementing regulations provides that employees subject to performing safety sensitive functions, as defined by the Act and/or accompanying regulations, are subject to pre-employment, random, post-accident, reasonable suspicion, return-to-duty and follow-up drug and/or alcohol testing. The parties agree that to protect the safety of employees and the public, the workplace should be free from the risks posed by using controlled substances and alcohol.

Chippewa Valley Schools policy 4160 – physical examination and 4162 – Drug and Alcohol Testing of CDL License Holders requires any bus driver or candidate after a conditional offer of employment, to submit to an examination and drug screen in order to determine their ability to perform assigned duties. In addition, those who are not current CDL license holders who have to obtain their license are required to submit to a road test through a third party contractor, therefore, that will also be part of the cost.

It is mandatory that Bus Driver candidates pay for the fees incurred for these requirements. These fees are payroll deducted and at your choice and be deducted in a variety of ways to permit for easier payment of this incurred cost. The District will reimburse the cost of the physical once you work ninety (90) days intermittently or a long term assignment of at least twenty (20) hours per week that is over ninety (90) consecutive days or a combination thereof.

The pre-employment physical and drug screen are performed by the District's designated Occupational Health Clinic. The fees for these requirements are as follows:

Physical	\$70.00
Drug Screen	\$49.50
Road Test	<u>\$140.00</u>
Total	\$259.50

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By my signature below, I authorize Chippewa Valley Schools to deduct **\$259.50** from my payroll compensation to cover the cost of these charges for the following pays:

- \_\_\_\_\_ 1 payment of \$259.50
- \_\_\_\_\_ 2 payments of \$129.75
- \_\_\_\_\_ 3 payments of \$86.50

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name