

## Pre-Employment Drug Testing Employer Reported Refusal to Submit

Purpose of Notification:  Refused to Submit for Drug Testing  
*(If you want to report a positive drug testing, use form UCB-18103-E)*

**This form must be submitted within 3 business days from the date the individual declined to submit to the test. Late forms and/or forms without complete information and required attachments will not be considered.**

### Individual Tested

First Name	Middle Initial	Last Name	
Address	City	State	Zip Code
Social Security Number	Phone Number		
Date of Conditional Job Offer			
Method and Documentation of Conditional Offer <b>(Attach documentation to this form, e.g., letter, email)</b>			
Date the Job Offered Would Have Started	Rate of Pay Offered		
Number of Hours per Week	Work Location Zip Code		
Specific Days/Hours of Work Offered (e.g., 8 a.m. to 5 p.m. M-F or 3 p.m. to 11 p.m. M, W, F)			
Job Title and Duties of Offered Position			
Date Individual Notified Drug Testing Required for Employment		Method Notified	
Date Individual Notified Drug Testing Results may be Submitted to Unemployment Insurance			
Date Individual Refused to Submit to the Test			
Documentation that Individual Refused to Submit to the Test <b>(Attach documentation to this form, e.g., letter, email)</b>			
Date Employer Received Drug Testing Refusal Notification		Reason Individual Refused to Take Test, if Known	
Date Individual Notified Offer was Rescinded	Method Notified of Rescinded Offer		

### Employing Unit

Employer Name	UI Account Number		
Address	City	State	Zip Code
Employer Representative Name		Position	
Employer Representative Signature		Date	