

Pre-Employment Drug Testing Employer Reported Positive

Purpose of Notification: Positive results from DHHS Certified Lab
(If you want to report a refusal to submit to drug testing, use form UCB-18102-E)

This form must be submitted within 3 business days from the date the employing unit received the positive drug test results. 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 (Attach documentation to this form, e.g., letter, email)				
Date the Job Would Have Started	Rate of Pay Offered			
Number of Hours Offered 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				
Method Notified				
Date Individual Took Test			Date Employer Received Positive Results	
Date Individual Notified Offer was Rescinded	Method Notified of Rescinded Offer			

DHHS Certified Laboratory Information

Lab Name				
Address	City		State	Zip Code
Date Test was Submitted	Controlled Substance(s) Detected			

*****A copy of the DHHS certified lab report must accompany this form.*****

Cont'd

Employing Unit

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