



# OTETA Testing Notification Form

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee ID #

## Section 1 (To be completed by supervisor)

Complete the employee information. Indicate the appropriate agency collection site, type of test, and category of testing. Incomplete or incorrect information may result in noncompliance with annual Florida Department of Transportation statistical reporting requirements.

\_\_\_\_\_  
Employee Worksite

\_\_\_\_\_  
Employee Home Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time a.m./p.m.

\_\_\_\_\_  
Collection Site

**Type of Test**

- D.O.T. (FMCSA)
- Urine Drug Screen
- Breath alcohol

**Category of Testing**

- Random
- Pre-employment
- Reasonable Suspicion
- Return-to-duty
- Follow-up
- Post Accident

D.O.T. Employee Agency – Federal Highway Administration (FHWA)  Driver

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Employee

**Section 2 Collection Sites**  
 District's CareHere Health & Wellness Centers  
 Company Care  
 Professional Onsite Management, Inc.  
 LabCorp Patient Service Centers (Drug Only)

If Test Result  
is **Negative:**

Mail employer copy  
marked "Confidential" to:

Ms. Elizabeth Kuhn, Esq.  
 OTETA Program Manager  
 District School Board of Pasco County  
 7227 Land O' Lakes Boulevard  
 Land O' Lakes, FL 34638

If Test Result  
is **Positive:**

**Contact the Office for Employee Relations immediately at (813) 794-2322 or (813) 549-9020.**

If Ms. Kuhn cannot be reached by the Breath Alcohol Technician (B.A.T.), contact FirstLab immediately at (215) 396-5500.