



Prescription Notice Form

I am notifying my employer that I am taking a prescription medication that may interfere with safe performance on the job and or that may show a positive result on a random drug test.

I am requesting:

_____ The use of PTO and or unpaid leave until I am done with my prescription. (Unpaid leave can only be used if PTO has been fully exhausted)

_____ A change of duty until I am done with my prescription.

_____ Notify my supervisor only. (Do not disclose what prescriptions you are on, this data due to HIPPA)

Print Full Name

Signature

Date

Reference WERTC Employee Handbook, Section 5, Policy 504 Drug Free Workplace

Filing Purposes:

Original: Human Resources

Copy: Supervisor