

DESIGNATED EMPLOYER REPRESENTATIVE (DER) FORM

Definition of DER: A DER is an employee authorized by the Employer to receive substance abuse test results and other communications for the employer.

EMPLOYER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMPLOYER CONTACT: _____ **PHONE:** _____

FAX: _____ **EMAIL:** _____

(Primary DER) - Please Print Clearly	(Alternate DER) - Please Print Clearly
_____	_____
Email: _____	Email: _____
Phone: _____	Phone: _____

REPORTING METHOD:

<input type="checkbox"/> Email results	<input type="checkbox"/> Mail results	<input type="checkbox"/> Phone results <input type="checkbox"/> OK to Leave Message	<input type="checkbox"/> Fax results
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Note: Positive Results will always be reported via phone

ALTERNATE MAILING ADDRESS IF DIFFERENT THAN ABOVE:

Alternate Address: _____

Printed Name of Employer Authorized Representative: _____

Signature: _____ **Today's Date:** _____

Title: _____