

Washington Construction Industry Substance Abuse Program

P.O. Box 34248 • Seattle, Washington 98124-1248
Phone (206) 441-2990 or Toll Free (866) 842-9223 • Fax (206) 441-3009

Administered by CleanWorkForce

EMPLOYER PARTICIPATION/COMPLIANCE AGREEMENT and DESIGNATED EMPLOYER REPRESENTATIVE(S) FORM

For: **Bargaining Unit Employees** **Non-Bargaining Unit Employees**

I hereby acknowledge participation in the Washington Construction Industry Substance Abuse Program (WCISAP) and agree to the funding requirements under Section 6 of the Plan Document. I understand that I must provide sixty (60) days written notice prior to terminating our participation in the WCISAP.

I authorize **CleanWorkForce** to contact the Designated Employer Representative(s), listed below, regarding issues relative to the WCISAP. I understand that in the absence of the Designated Employer Representative(s) listed below, I will be contacted regarding any issues associated with the WCISAP.

We are signatory to: Carpenters Cement Masons Laborers UA Local 32 Plumbers & Pipefitters

Employer: _____

Authorized by: _____
(Company Official only, please)

Phone: _____

Fax: _____

Title: _____
(please print)

E-mail: _____

Signature: _____

Effective Date: _____

Employer Address: _____
(street) (city) (state) (zip + 4 code)

Primary responsibilities of the Designated Employer Representatives are:

- to be the contact person(s) for confidential and sensitive issues, for example, when an employee is not in compliance with the WCISAP;
- to provide timely and discreet notification to employees when they have been selected for a random drug test; and
- to verify new and current employees' compliance status.

Please note: The fax number provided for the first Designated Employer Representative will be the one used to fax random selection notices to your company unless we are notified otherwise.

If you wish to limit any individuals in your firm to specific responsibilities, for example, verifying employees' compliance status only, you may indicate their levels of authority by checking each applicable authorization box next to their names.

Designated Employer Representative: _____ (please print) Full Authority, or
 Contact Person Phone: _____
 Random Notification Fax: _____
 Verify Compliance Status Email: _____

Designated Employer Representative: _____ (please print) Full Authority, or
 Contact Person Phone: _____
 Random Notification Fax: _____
 Verify Compliance Status Email: _____

Please use and/or duplicate the form on the reverse side as needed to list additional Representatives.

When complete, please promptly return to: CleanWorkForce
P.O. Box 34248, Seattle, WA 98124-1248 or fax to: (206) 441-3009

Additional Employer Representatives for: _____
(please print company name)

Page _____

Authorized by: _____

Designated Employer Representative: _____ (please print) Full Authority, or Contact Person Random Notification Verify Compliance Status
Phone: _____
Fax: _____
Email: _____

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