**SAP Referral: Procedure for Positive Drug/Alcohol Test**

All applicants **or** employees for DOT covered positions who test positive for a drug or alcohol test must be given a Substance Abuse Professional **(SAP) Referral** **Letter**. The letter must be provided to the application/employee regardless of whether the application/employee is terminated. The letter should include the names of at least two qualified SAPs.

A positive test is resolved by the following: 1) not hiring, 2) placing employee in a non-safety sensitive position, 3) rehabilitation or 4) termination.

|  |  |
| --- | --- |
| **Company/Transit System – Action Steps** | |
| **1.** | **Provide Employee with SAP Referral Letter/Form**   * If the employee is present, obtain a signature on the form. If the employee is not present, give a copy to the employee.   + Ensure the letter includes the names of (2) two qualified SAPs.   + SAPs can be found in the online SAP Directory at<https://www.saplist.com/> * Document a copy of the SAP Referral Letter was given to the employee. * Keep a copy of the SAP Referral Letter/Form in the employee file. |
| **2.** | **Contact the SAP**  Be prepared to give the following information:   * Company Name * Company Representative Name * Employee Name * Date of the Test Collection * Test Type |
| **Employee – Action Steps** | |
| 1. | Contact the SAP listed on the SAP Referral Letter. |
| 2. | Follow the SAP treatment plan. |
| 3. | Contact the Transit System - Human Resource/Drug and Alcohol Manager with questions. |
| 4. | (SAP) Frequently Asked Questions is available at:  [**https://www.saplist.com/knowledge-center/faqs-for-employees/**](https://www.saplist.com/knowledge-center/faqs-for-employees/) |

**Substance Abuse Professional (SAP) Referral**

This document serves to notify that the individual listed below was in violation of DOT drug and alcohol regulations, 49 CFR Part 655 and/or Part 40 on (insert date).

In accordance with 49 CFR Part 655.62, this agency is required to advise the individual of the resources available for evaluating and resolving problems associated with prohibited drug use and/or alcohol misuse.

|  |  |
| --- | --- |
| The cost of this service will be paid by: |  |

**Substance Abuse Processional Referral (SAP):**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **City, State, Zip** |  |
| **Phone:** |  |
| **Email:** |  |

**Alternate Substance Abuse Professional (SAP) Referral:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **City, State, Zip** |  |
| **Phone:** |  |
| **Email:** |  |

I acknowledge that I have received a referral to a Substance Abuse Professional (SAP) in accordance with 49 CFR Part 655.52.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Employee – Full Name** |  | **Date** |
|  |  |  |
| **Employee – Signature** |  |  |

**Transit Provider Representative**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title:** |  |
| **Signature:** |  |
| **Date:** |  |

Note: Additional SAPs can be found in the online SAP Directory at<https://www.saplist.com/>

**Substance Abuse Professional (SAP) Referral – Employee Not Present**

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Employee SS/ID Number:** |  |

This letter serves to notify that the individual listed above was in violation of DOT drug and alcohol regulations, 49 CFR Part 655 and/or Part 40 on (insert date). In accordance with 49 CFR Part 655.62, this agency is required to advise the individual of the resources available for evaluating and resolving problems associated with prohibited drug use and/or alcohol misuse.

The following Substance Abuse Professional(s) is available for the individual:

**Substance Abuse Processional Referral (SAP):**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **City, State, Zip** |  |
| **Phone:** |  |
| **Email:** |  |

**Alternate Substance Abuse Professional (SAP) Referral:**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **City, State, Zip** |  |
| **Phone:** |  |
| **Email:** |  |

|  |  |
| --- | --- |
| The cost of this service will be paid by: |  |

**Transit System Representative**

|  |  |
| --- | --- |
| **Name:** |  |
| **Job Title:** |  |
| **Signature:** |  |
| **Date:** |  |

Additional SAPs can be found in the online SAP Directory at<https://www.saplist.com/>