

# Regular Driver Notification Letter

## HGEA Drug and Alcohol Testing Program

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

SUBJECT: NOTIFICATION OF REGULAR DRIVER STATUS

This is to inform you that you are considered a "regular driver" under Part I of the Memorandum of Agreement on Drug and Alcohol Testing (Agreement) between the State of Hawaii and the Hawaii Government Employees Association (HGEA). If there are significant changes in your driving duties, contact your departmental drug testing coordinator.

The Agreement requires that you notify your supervisor (or another designated representative if your supervisor is unavailable) of an accident and you take a drug and alcohol test if you were driving an Employer-owned vehicle at the time of the accident, and the accident involved:

1. A fatality, or
2. You received a citation for a moving violation and
  - a. There was bodily injury to any person who as a result of the injury received medical treatment away from the scene of the accident, or
  - b. One or more of the vehicles incurred disabling damage requiring the vehicle to be towed or otherwise transported by another motor vehicle away from the scene.

You must be available for alcohol testing up to eight hours (therefore, do not use alcohol), and up to 32 hours for controlled substance testing following the accident or until post accident tests has been administered, or until your supervisor or another representative of management has informed you that a test is not required. If testing is required, your department will arrange for your transportation to the test site. **DO NOT DRIVE YOURSELF TO THE TEST SITE AFTER AN ACCIDENT. FAILURE TO REMAIN AVAILABLE FOR TESTING MAY RESULT IN YOU BEING DEEMED TO HAVE REFUSED TO SUBMIT TO SUCH TESTING.**

NOTE: You are not prohibited from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary emergency medical care. Necessary medical treatment shall not be delayed because of this testing requirement.

Effective date as a Regular Driver is: \_\_\_\_\_ End Date: \_\_\_\_\_

Please sign below acknowledging receipt of regular driver notice

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

Return this notification letter to \_\_\_\_\_ by (date): \_\_\_\_\_