

ALCOHOL AND CONTROLLED SUBSTANCES PROGRAM

TO: DESIGNATED EMPLOYER REPRESENTATIVE
SAFETY AND ENVIRONMENTAL SERVICES

FROM: _____ DEPARTMENT

SUBJECT: PERSONNEL UPDATE

DATE: _____

ADDITIONS

<u>Name</u>	<u>Social Security Number</u>	<u>Supervisor</u>	<u>Supervisor's Phone Number</u>	<u>Location Number</u>	Previous JCPS Employee			If Yes, Year Resigned	<u>CDL</u> or	<u>Non-CDL</u>
					<u>Yes</u>	or	<u>No</u>			
_____	_____	_____	_____	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

DELETIONS

<u>Name</u>	<u>Social Security Number</u>	<u>Supervisor</u>	<u>Supervisor's Phone Number</u>	<u>Location Number</u>	CDL or Non-CDL	
					<u>CDL</u>	<u>Non-CDL</u>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____