Duluth/Iron Range Sheet Metal

Employer's Request
For Reimbursement of Drug Testing / Lost Time

The undersigned Employer submits the attached invoices for drug testing exams as per the attached sheet. The individual(s) listed below are either employees of said firm who are covered under the current Sheet Metal Local #10 Collective Bargaining Agreement or will be upon successful completion of these tests.

You may also request reimbursement up to one (1) hour for "lost time" (Total Package which includes Fringes). Please include employee's classification (i.e. Journeyman or Apprentice 63%) and rate of pay.

			Type of Drug Test						
Employee Name or Prospective Employee Name	Date of Test	SM Worker or Prospective SM Worker (circle one)	Pre-employment	Random drug testing*	DOT	Reasonable suspicion testing	Post Incident testing	Owner mandated testing	Amount Due
1		yes/no	☐	☐	☐	☐	☐	☐	
2		yes/no	☐	☐	☐	☐	☐	☐	
3		yes/no	☐	☐	☐	☐	☐	☐	
4		yes/no	☐	☐	☐	☐	☐	☐	
5		yes/no	☐	☐	☐	☐	☐	☐	
6		yes/no	☐	☐	☐	☐	☐	☐	

* Please explain in detail if more than one drug test per person.

		Lost Time				
Employee Name	Date of Test	Existing Sheet Metal Worker (circle one)	Classifi-cation	Lost Time (up to one hour)	Rate including Fringes	Amount Due
1		yes/no				
2		yes/no				
3		yes/no				
4		yes/no				
5		yes/no				
6		yes/no				
					Total	

The individual(s) listed above are employees / prospective employees of our firm and are employees covered under the Sheet Metal Local 10 Collective Barganing Agreement.

Submitted by _____ Authorized Signature _____

Company _____ Phone No/email _____

Address _____ Date _____

March 2017