

**DESIGNATION OF AUTHORIZED EMPLOYER REPRESENTATIVES
FOR
UA Local 140/UMCA
DRUG-FREE WORKPLACE SUBSTANCE ABUSE POLICY**

_____ (Employer) has designated the two individuals listed below as our authorized representatives for the UA Local 140/UMCA Drug-Free Workplace Substance Abuse Policy.

To ensure the privacy of all employees, only these two individuals will handle any confidential correspondence or information in regard to the Substance Abuse Policy. Two or more representatives are required in order to ensure that a designated official is always available to receive positive drug and alcohol test results and to remove donors from the worksite who have violated this policy.

Authorized Representative

Authorized Representative(alternate)

Telephone Number and Extension

Telephone Number and Extension

Email (confidential)

Email (confidential)