

EMPLOYEE PAY
↑



BILL EMPLOYER
↑

Employer Info
Company: PYRAMID LAKE PAIUTE TRIBAL
Contact : LESLEY HAWLEY

Phone: 775-574-1000 ext. 1120
Fax: _____
e-mail: lhawley@plpt.nsn.us

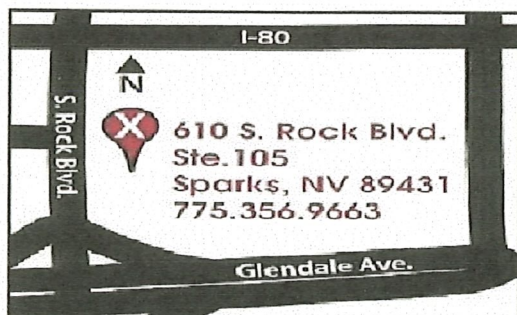
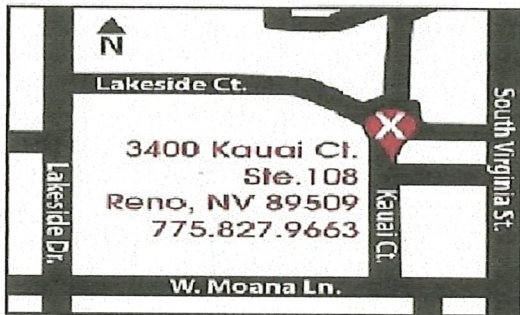
PLEASE FILL OUT DONOR INFORMATION:

Employee/Donor (Must present photo ID)

Name: _____ Date of Birth: _____ Today's Date: _____
S/S#: _____ Phone#: _____

Reno: 827.9663

Sparks: 356.9663



Hours: 7:00 - 5:00

Hours: 8:15 - 4:30

Reason for Test/Type of Test Requested

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Random | <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Post-Accident | <input type="checkbox"/> Follow-Up |
| <input type="checkbox"/> DOT UDS | <input type="checkbox"/> DOT UDS | <input type="checkbox"/> DOT UDS | <input type="checkbox"/> DOT UDS | <input type="checkbox"/> DOT UDS |
| <input type="checkbox"/> Breath Alcohol | <input type="checkbox"/> Breath Alcohol | <input type="checkbox"/> Breath Alcohol | <input type="checkbox"/> Breath Alcohol | <input type="checkbox"/> Breath Alcohol |
| <input type="checkbox"/> Non-DOT UDS | <input type="checkbox"/> Non-DOT UDS | <input type="checkbox"/> Non-DOT UDS | <input type="checkbox"/> Non-DOT UDS | <input type="checkbox"/> Non-DOT UDS |
| <input type="checkbox"/> Instant 5 | <input type="checkbox"/> Instant 5 | <input type="checkbox"/> Instant 5 | <input type="checkbox"/> Instant 5 | <input type="checkbox"/> Instant 5 |
| <input type="checkbox"/> Instant 11 | <input type="checkbox"/> Instant 11 | <input type="checkbox"/> Instant 11 | <input type="checkbox"/> Instant 11 | <input type="checkbox"/> Instant 11 |
| <input type="checkbox"/> e-Screen | <input type="checkbox"/> e-Screen | <input type="checkbox"/> e-Screen | <input type="checkbox"/> e-Screen | <input type="checkbox"/> e-Screen |

SPECIAL INSTRUCTIONS:

On behalf of _____ I hereby certify donor identification and authorize NS-DATF to provide all requested and/or necessary services. Presumptive positive results on instant result tests to be forwarded to a lab for GC/MS confirmation and review by MRO if necessary.

Authorized by: _____ Title: _____