

Pre-employment drug test claim form for employers



MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

This form collects information required by Work and Income so an employer can claim reimbursement for a failed pre-employment drug test, taken by a Work and Income client.

The amount you can claim for each failed test is as follows, including GST:

- In-house screening \$30
- External screening \$70
- Evidential \$120

When you've finished completing the form, you need to attach proof of your business' bank account number, and send it to:

National Claims Processing Unit
Private Bag 3042
Rotorua 3010

Please don't send a separate company invoice to claim this cost.

Tax Invoice Number

Employer's details

1 What is your business name?

2 What is the street address?

Number	Street name
<input type="text"/>	<input type="text"/>
Suburb	Town/City
<input type="text"/>	<input type="text"/>

3 Is the mailing address different from the street address?

No Yes **↓ If yes, please tell us your mailing address**

4 What are the contact person's details for this invoice?

Name	<input type="text"/>
Work phone	(<input type="text"/>) <input type="text"/>
Mobile phone	(<input type="text"/>) <input type="text"/>
Email address	<input type="text"/>

INFORMATION FOR Q4:
You **must** provide a GST or IR number.

5

Does your business have a GST number?

Yes → **What is the GST number?**

No → **What is your IRD number?**

ATTACHMENT FOR Q6:
You need to provide proof of the bank account details, such as a bank statement.

6

What are the bank account details of the business?

The account is in the name of:

The account number is:

Bank Branch Account number Suffix

Total to be reimbursed

7

What is the total reimbursement that you are claiming, including GST?

Total including GST

\$

GST amount

\$

Drug test details - Person 1

Personal details

1

What is the person's full name?

First and middle names

Surname or family name

2

What date was the person born?

Day Month Year

3

What is the person's Work and Income client number (if known)?

| |

4

Has all the testing been completed and have you received all the test results for this person?

Yes

5

What are the details of the job vacancy?

Job title (eg labourer)	<input type="text"/>
Vacancy number (if known)	<input type="text"/>
Name of Work and Income contact person	<input type="text"/>

Screening drug test details

6

Was a screening drug test taken?

 No

[Go to question 13](#)

 Yes

7

What type of test did the person take?

 In-house screening External screening

For external screening, please provide the name of the testing agency

8

What date was the test taken?

Day Month Year

9

What was the test result?

 Fail (non-negative) Invalid

[Go to question 11](#)

10

What class of drug was detected in the person's failed drug test?

Please tick all that apply

 Cannabinoids Cocaine Amphetamines Opiates Benzodiazepines Methamphetamines

11

Has the person had the result explained to them?

 No Yes

12

Has the person completed the pre-employment drug test results confirmation form?

 No Yes

Evidential drug test details

13

Was an evidential drug test taken?

 No

[Go to question 19](#)

 Yes

14

What date was the test taken?

Day Month Year

15

What is the name of the laboratory you used?

16

What was the test result?

Fail (non-negative)

Invalid [Go to question 18](#)

17

What class of drug was detected in the person's failed drug test?

↓ Please tick all that apply

Cannabinoids

Cocaine

Amphetamines

Opiates

Benzodiazepines

Methamphetamines

18

Has the person completed the pre-employment drug test results confirmation form?

No

Yes

General comments

19

Please provide any comments

Drug test details - Person 2

Personal details

1

What is the person's full name?

First and middle names

Surname or family name

2

What date was the person born?

Day Month Year

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3

What is the person's Work and Income client number (if known)?

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4

Has all the testing been completed and have you received all the test results for this person?

Yes

5

What are the details of the job vacancy?

Job title (eg labourer)	
Vacancy number (if known)	
Name of Work and Income contact person	

Screening drug test details

6

Was a screening drug test taken?

 No

[Go to question 13](#)

 Yes

7

What type of test did the person take?

 In-house screening External screening

For external screening, please provide the name of the testing agency

8

What date was the test taken?

Day Month Year

9

What was the test result?

 Fail (non-negative) Invalid

[Go to question 11](#)

10

What class of drug was detected in the person's failed drug test?

Please tick all that apply

 Cannabinoids Cocaine Amphetamines Opiates Benzodiazepines Methamphetamines

11

Has the person had the result explained to them?

 No Yes

12

Has the person completed the pre-employment drug test results confirmation form?

 No Yes

Evidential drug test details

13

Was an evidential drug test taken?

 No

[Go to question 19](#)

 Yes

14

What date was the test taken?

Day Month Year

15

What is the name of the laboratory you used?

16

What was the test result?

Fail (non-negative)

Invalid [Go to question 18](#)

17

What class of drug was detected in the person's failed drug test?

↓ Please tick all that apply

Cannabinoids

Cocaine

Amphetamines

Opiates

Benzodiazepines

Methamphetamines

18

Has the person completed the pre-employment drug test results confirmation form?

No

Yes

General comments

19

Please provide any comments

Four empty text input boxes for providing comments.

Drug test details - Person 3

Personal details

1

What is the person's full name?

First and middle names

Surname or family name

Two text input boxes for name details.

2

What date was the person born?

Day Month Year

Three text input boxes for birth date.

3

What is the person's Work and Income client number (if known)?

Three groups of four text input boxes for client number.

4

Has all the testing been completed and have you received all the test results for this person?

Yes

5

What are the details of the job vacancy?

Table with 2 columns and 3 rows for job vacancy details.

Screening drug test details

6

Was a screening drug test taken?

 No

[Go to question 13](#)

 Yes

7

What type of test did the person take?

 In-house screening External screening

For external screening, please provide the name of the testing agency

8

What date was the test taken?

Day Month Year

9

What was the test result?

 Fail (non-negative) Invalid

[Go to question 11](#)

10

What class of drug was detected in the person's failed drug test?

Please tick all that apply

 Cannabinoids Cocaine Amphetamines Opiates Benzodiazepines Methamphetamines

11

Has the person had the result explained to them?

 No Yes

12

Has the person completed the pre-employment drug test results confirmation form?

 No Yes

Evidential drug test details

13

Was an evidential drug test taken?

 No

[Go to question 19](#)

 Yes

14

What date was the test taken?

Day Month Year

15

What is the name of the laboratory you used?

16

What was the test result?

Fail (non-negative)

Invalid [Go to question 18](#)

17

What class of drug was detected in the person's failed drug test?

↓ Please tick all that apply

Cannabinoids

Cocaine

Amphetamines

Opiates

Benzodiazepines

Methamphetamines

18

Has the person completed the pre-employment drug test results confirmation form?

No

Yes

General comments

19

Please provide any comments

Four empty text input boxes for providing comments.

Declaration

The drug test was taken in accordance with the standard AS/NZS 4308:2008 – *procedures for specimen collection and the detection and quantitation of drugs of abuse in urine.*

The information I have provided is true and complete.

Your name (print)

Text input box for name (print)

Your signature

Text input box for signature

Day

Month

Year

Three small text input boxes for date (Day, Month, Year)

Your contact details

Work phone number	()
Mobile phone number	()
Email address	