



Substance Testing Program Stipend Policy and Request Form

As an operator of commercial motor vehicles, subject to Paragraph 85.1 *Alcohol and Controlled Substance Testing* of the Producer – Studio Transportation Drivers, Local #399 Agreement (“the Agreement”), the signer is eligible to receive a stipend of \$30.00 on each occasion they complete a random controlled substance test on a day when they are not employed by a Consenting Producer. The stipend will be paid by Contract Services and is intended to compensate, in part, for expenses that may be incurred by the signer when completing a random controlled substance test.

It is expressly understood and agreed that no services are performed by the signer, for, or on behalf of, Contract Services and that the stipend does not constitute a wage, salary, or any other type of compensation for, or attributed to, services performed by the signer for, or on behalf of, Contract Services or any producer that is signatory to the Agreement. Receipt of a stipend indicates that signer understands and agrees that they are not an employee of Contract Services and that the payment of the stipend referred to herein does not create an employer/employee relationship between the signer and Contract Services.

By signing this form, you understand and agree that you will not be eligible to apply for unemployment insurance benefits (or any other compensation due to unemployment) upon completion of a random controlled substance test on a day when you are not employed by a Consenting Producer or upon receipt of or cessation of the payment of the stipend. **Note:** Do not fill out this form if you were employed by a Consenting Producer on the day you were required to submit to a random controlled substance test.

In order to process your stipend request, Contract Services must have on file:

1. A completed and signed “Paragraph 85.1 Acknowledgement” form
2. Valid Commercial Driver License
3. Valid Medical Certification
4. Current address and phone number. **Note:** the information provided below will be used for stipend request purposes only. To update your address on file with Contract Services, go to thehub.org and update your contact information.

Local/Classification/Test Date:		
Local #399	Job Classification:	Test Date:
Personal & Contact Information:		
First Name:	Middle Name:	
Last Name:	Suffix (Jr., Sr., II, etc.):	Last 4 of SSN:
Mailing Address:		Unit # (Apt., Ste., etc.):
City:	State:	ZIP Code:
Country (if not United States):		

I have read and understood the stipend request form and hereby agree to abide by all the terms and conditions contained herein.

Signature: _____ Date: _____

Submit your stipend request in person, by mail, fax or email to testing@csatf.org.

Contract Services – Attention: Substance Testing Program
2710 Winona Avenue
Burbank, CA 91504

Phone Number: 818.565.0550 ext. 1140
Fax Number: 818.565.0030

Staff (for office use only):		
Processed By (Initials & Date):	Supervisor (Initials & Date):	Director (Initials & Date):