CONTRACT SERVICES ADMINISTRATION TRUST FUND



Please print:

Burbank, CA 91504

2710 WINONA AVENUE BURBANK, CA 91504

> T 818.565.0550 F 818.565.0030 www.csatf.org

UNAVAILABILITY/AVAILABILITY NOTIFICATION

Effective August 1, 2010, Paragraph 85.1 Alcohol and Controlled Substance Testing of the Producer/Studio Transportation Drivers Agreement requires that you notify Contract Services Administration Trust Fund ("CSATF") in writing 24 hours prior to your becoming unavailable to perform Safety-Sensitive Functions under the Agreement for any reason, such as, vacation, leave of absence or the performance of work that is not covered under terms of the Agreement. During your period of unavailability, your name will be removed from the random controlled substance testing pool and will not appear on the CSATF Online Roster.

Please be aware if you fail to notify CSATF of your unavailability, in writing, 24 hours prior to your becoming unavailable and your name is selected for Random Substance Testing, you will be subject to testing.

If you are unavailable for a period of more than 30 days, you will be required to complete a pre-employment drug screen, the results of which must be negative, before your name will appear on the Online Roster. For more information, please review Paragraph 85.1.

If you need further assistance or have any questions, please contact the Substance Testing Department at 818.565.0550 extension 1140.

Last Name		First Name	Middle Name
Last four digits of Social Security	:		
Date(s) of Unavailability:			
(-)	First day unavailal	ole for work	Last day unavailable for work
Date of Availability:			
,	First day available for work		
nformation to the Substance Test your return date			
nformation to the Substance Tes	ing Department, i	in writing, via Email	inavailable until you submit the follow, Fax, USPS, or in person:
nformation to the Substance Testyour return dateyour full legal name	ing Department, i	in writing, via Email	
formation to the Substance Test your return date your full legal name the last four digits of your	ing Department, i	in writing, via Email	, Fax, USPS, or in person: Date