Matthew H. Mead
Governor

State of Wyoming
Department of Workforce Services

DIVISION OF WORKERS' COMPENSATION
RISK MANAGEMENT
1510 East Pershing Boulevard, West Wing
Cheyenne, Wyoming 82002
http://www.wyomingworkforce.org

John Cox
Director
John Ysebaert
Deputy Director

Drug Free Workplace Discount Annual Application

This program offers approved employers a ten percent (10%) discount off their base rate for the implementation of a drug free workplace program. The base rate is determined by the Wyoming Workers' Compensation Division using NAICS employment classifications.

ELIGIBILITY REQUIREMENTS

- **Requirement 1**: Employer must have a Wyoming Workers Compensation employer number.
- **Requirement 2:** Employer must have at least one (1) employee.
- **Requirement 3:** Employer must be in good standing with Wyoming Workers' Compensation and the Secretary of State.

ITEMS NEEDED TO COMPLETE THIS APPLICATION

- **Item 1:** The nine digit Wyoming Workers Compensation Employer Number. If necessary, add zeros before the number to make it nine (9) digits.
- **Item 2:** The employer's contact information for the officer/owner and drug free workplace coordinator.
- **Item 3:** A copy of the employer's drug and alcohol testing policy.

APPLICATION INSTRUCTIONS

- **Step 1**
  - Complete the Employer Information section.
  - Complete the Drug and Alcohol Testing Policy Status section.
  - Complete the Employee Coverage section.
- **Step 2:** Complete the Application Checklist.
  - After each required statement, enter the corresponding page number where the statement can be found in the employer's policy.
  - Each statement MUST be HIGHLIGHTED in the employer's policy. Adobe Reader allows text to be highlighted in PDF documents.
- **Step 3:** Complete the Employer Attestation section.
- **Step 4:** Submit the Application
  - **Email Submission**
    - Step 1: Complete the form, save it as a PDF document, and attach it to an email.
    - Step 2: If this is a new application or renewal application with policy changes, HIGHLIGHT each Checklist Statement in the employer's policy and attach it to the email as a PDF document.
    - Step 3: Email the application, and policy if applicable, to BusinessRisk@wyo.gov.
  - **Mailed Submission**
    - Step 1: Complete the form.
    - Step 2: Print the form, mail to the address on the header of this paper.

DRUG FREE WORKPLACE DISCOUNT PROGRAM
Annual Application

EMPLOYER INFORMATION

Employer Number: Nine (9) digit Policy Number. If necessary, add zeros before the number to make it nine (9) digits. *This number is not your Tax ID number*	
Employer/Business Name:	
Office/Owner Name:	
Office/Owner Phone Number:	
Drug-Free Workplace Coordinator's Name:	
Coordinator's Email:	
Coordinator's Phone #:	
Employer/Business Address:	
Employer/Business City:	
Employer/Business State:	
Employer/Business ZIP:	

EMPLOYER'S APPLICATION & POLICY STATUS

Choose Only 1

This is a New Application: The employer's drug and alcohol testing policy must be submitted. _______________

This is a Renewal Application with policy changes:
The employer's drug and alcohol testing policy must be submitted. _______________

This is a Renewal Application without policy changes: The employer's policy does not need to be submitted, but the application must be complete. _______________

DRUG FREE WORKPLACE DISCOUNT PROGRAM
Annual Application

EMPLOYEE COVERAGE

Number of employees covered by Wyoming Workers Compensation:	
Number of employees precluded from random drug testing, if any:	
Reason for precluding employees:	

POLICY CHECKLIST

Instructions

- Listed below are 16 sections. Each section is a required statement that must be included in an employer's policy to be eligible for the Drug Free Workplace Discount Program.
- Enter the page number where each statement is located in the employer's policy.
- Each statement MUST be **HIGHLIGHTED** in the employer's policy. Adobe Reader allows text to be highlighted in PDF documents.

Mandatory Statements	Policy Page #
1. **Covered Employees**: A statement which includes all Workers Compensation covered employees in the substance abuse testing program.	
2. **Substance Abuse Testing**: A statement of the four (4) required types of substance abuse testing; pre-employment, random, reasonable suspicion and post-accident testing.	
3. **Consequences for Refusal to Submit to a Drug Test**: A statement of consequence if an employee or job applicant refuses to submit to a drug test.	
4. **Positive Confirmed Test Result - Employer Actions**: A statement of action the employer may take against an employee or job applicant on the basis of a positive confirmed test result.	
5. **Positive Confirmed Test Result - Employee Response**: A statement which requires employees to provide a written notification to the employer within five (5) business days of a positive confirmed test result. Statement must explain or contest the results.	
6. **Drug and Alcohol Testing Protocols:** A statement of the employer's drug and alcohol testing protocols, which shall apply to all random, reasonable suspicion and post-accident testing - as specified in Wyoming Workers Compensation Rules, Chapter 10, Section 2.	

DRUG FREE WORKPLACE DISCOUNT PROGRAM
Annual Application

7. Annual Testing: A statement that to the extent permitted by law, random testing shall be conducted, at a minimum, on twenty percent (20%) of the average staff on an annual basis.	
8. Drug-Free Workplace Act: A statement informing an employee or job applicant of the federal Drug-Free Workplace Act, if applicable. Visit the following link to determine whether the employer is subject to the federal Drug-Free Workplace Act: www.dol.gov/elaws/asp/drugfree/screen4.htm	
9. Confidentiality: A general confidentiality statement.	
10. Vacancy Announcements: A statement that substance abuse testing is required to be on vacancy announcements for those positions that require testing.	
11. Substance Abuse Testing Program Implementation: A statement affording provision of 60 days' notice prior to implementation of substance abuse testing. Necessary only if the policy is newly implemented.	
12. Substance Abuse Testing Policy Posting: A statement notifying employees of substance abuse testing must be posted in an appropriate and conspicuous location on employer's premises.	
13. Substance Abuse Testing Policy Availability: A statement informing employees and job applicants that copies of the substance abuse testing policy are available in the employer's personnel office or other suitable location.	
14. Employee Assistance Program: A statement advising employees of an Employee Assistance Program or resource file of programs and people, entities or organizations designed to assist employees with personal or behavioral problems.	
15. Employee Training: A statement attesting the employer shall provide at least 1 hour of employee substance abuse training per year. Employers shall retain training records that document attendee signatures, dates and training topics.	
16. Supervisor Training: A statement attesting the employer shall provide at least 2 hours of supervisor substance abuse training per year. Supervisors shall receive training to encompass at least 60 minutes on alcohol misuse and at least 60 minutes on drug use. Training shall include physical, behavioral, speech and performance indicators of probable alcohol and drug use. Employers shall retain training records that document attendee signatures, dates and training topics.	

DRUG FREE WORKPLACE DISCOUNT PROGRAM
Annual Application

EMPLOYER ATTESTATIONS

I Attest	Initial Both
The information in this application is a true and accurate representation of the employer's current drug and alcohol testing program.	
I have read and understand the Drug-Free Workplace Discount Program provisions pertaining to compliance and revocation as found in the Drug and Alcohol Program Employer Discount Program, Chapter 2, Section 9(h).	

SIGNATURE

Employer Name	Printed Name of Officer/Owner
Date	Officer/Owner Signature

Contact Information

Wyoming Department of Workforce Services
Workers Compensation Division
Risk Management
PO Box 20161
Cheyenne, WY 82003
307-777-6763
BusinessRisk@wyo.gov