

Pre-employment drug test claim form for employers

This form contains information required by Work and Income for an employer to 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 have finished completing the form, you need to send it to:

National Claims Processing Unit
Private Bag 3042
Rotorua 3010

Please do not send a separate company invoice to claim this cost.

TAX INVOICE

Invoice number

Employer's details

1

What is the business name?

2

What is the street address?

Number

Street name

Suburb

Town/City

3

Is the mailing address different from the street address?

No

Yes



Tell us the mailing address

4

Does your business have a GST number?

Yes ▶ What is your business' GST number?

No ▶ What is your business' IRD number?

5

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6

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

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

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 one

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

Is the person:

Male Female

4

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

 | |

5

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

Yes

6

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

7

Was a screening drug test taken?

No

Go to question 14

Yes

8

What type of test did the person take?

In-house screening

External screening

Please provide the name of the testing agency

9

What date was the test taken?

Day Month Year

10

What was the test result?

Fail (non-negative)

Invalid

Go to question 12

11

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

Please tick all that apply

Cannabinoids

Cocaine

Amphetamines

Opiates

Benzodiazepines

Methamphetamines

12

Has the person had the result explained to them?

No

Yes

13

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

No

Yes

Evidential drug test details

14

Was an evidential drug test taken?

No

Go to question 20

Yes

15

What date was the test taken?

Three input boxes for date selection

Day Month Year

16

What is the name of the laboratory that you used?

Text input field for laboratory name

17

What was the test result?

Fail (non-negative)

Invalid

Go to question 19

18

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

Please tick all that apply

Cannabinoids

Cocaine

Amphetamines

Opiates

Benzodiazepines

Methamphetamines

19

Has the person had the result explained to them?

No

Yes

General comments

20

Please provide any comments

Text input area for general comments

Drug test details - Person two

Personal details

1

What is the person's full name?

First and middle names

Surname or family name

Text input field for first and middle names

Text input field for surname or family name

2

What date was the person born?

Three input boxes for date selection

Day Month Year

3

Is the person:

Male

Female

4

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

□□□□ | □□□□ | □□□□

5

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

Yes

6

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

7

Was a screening drug test taken?

No

[Go to question 14](#)

Yes

8

What type of test did the person take?

In-house screening

External screening

[Please provide the name of the testing agency](#)

9

What date was the test taken?

□□□ □□ □□□□

Day Month Year

10

What was the test result?

Fail (non-negative)

Invalid

[Go to question 12](#)

11

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

[Please tick all that apply](#)

Cannabinoids

Cocaine

Amphetamines

Opiates

Benzodiazepines

Methamphetamines

12

Has the person had the result explained to them?

No

Yes

13

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

No Yes

Evidential drug test details

14

Was an evidential drug test taken?

No Yes [Go to question 20](#)

15

What date was the test taken?

/ /
Day Month Year

16

What is the name of the laboratory that you used?

17

What was the test result?

Fail (non-negative) Invalid [Go to question 19](#)

18

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

Please tick all that apply

Cannabinoids Cocaine Amphetamines
 Opiates Benzodiazepines Methamphetamines

19

Has the person had the result explained to them?

No Yes

General comments

20

Please provide any comments

Drug test details - Person three

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

Is the person:

Male

Female

4

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

5

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

Yes

6

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

7

Was a screening drug test taken?

No



Go to question 14

Yes

8

What type of test did the person take?

In-house screening

External screening



Please provide the name of the testing agency

9

What date was the test taken?

Day Month Year

10

What was the test result?

Fail (non-negative)

Invalid



Go to question 12

11

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



Please tick all that apply

Cannabinoids

Cocaine

Amphetamines

Opiates

Benzodiazepines

Methamphetamines

12

Has the person had the result explained to them?

No

Yes

13

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

No

Yes

Evidential drug test details

14

Was an evidential drug test taken?

No



Go to question 20

Yes

15

What date was the test taken?

Day Month Year

16

What is the name of the laboratory that you used?

17

What was the test result?

Fail (non-negative)

Invalid



Go to question 19

18

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



Please tick all that apply

Cannabinoids

Cocaine

Amphetamines

Opiates

Benzodiazepines

Methamphetamines

19

Has the person had the result explained to them?

No

Yes

General comments

20

Please provide any 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)

Your signature

Date

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Day Month Year

Your contact details

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