



NOTICE TO EMPLOYEE VOLUNTEERING FOR RANDOM TESTING



TO: All Employees of Non-Autonomous Agencies and Departments

FROM: Human Resources Manager, Department of Administration

SUBJECT: **Notice to Employee**
Volunteering for Random Drug Testing

The Department of Administration's (DOA) drug-free workplace policy has been established for government of Guam employees under the direction of the Executive Branch, pursuant to Executive Orders 95-29 and 2005-18 and promulgated on December 6, 1995. As a condition of employment, all employees must refrain from using illegal drugs on or off duty, to include the abuse of prescription medication. The Department of Administration Drug-Free Workplace Program (DFWP) is designed to accomplish this goal through deterrence, identification, rehabilitation, and disciplinary action. While the DOA and the appointing authority will assist employees with substance abuse problems, it must be recognized that employees who use illegal drugs are primarily responsible for changing their own behavior and actions.

This notice will acknowledge your participation to volunteer for inclusion in the Test Designated Position (TDP) random testing pool. Under the Department of Administration Drug-Free Workplace Program (DFWP), a comprehensive program has been initiated to achieve the goal of a drug-free workplace within the government of Guam. This program provides the opportunity for government employees to volunteer for inclusion in the random testing pool.

Once you complete the acknowledgement of receipt, you will be included in the automated database from which computer generated random selections of employees for urinalysis drug testing are periodically made. You will remain in this database until you request to be removed. Also, you may, at any time submit a signed written request to your supervisor or appointing authority canceling your inclusion in the random testing pool.

Drug testing is performed through urinalysis by an independent contract laboratory certified and/or recognized by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and Health and Human Services (HHS). The testing methodology reflects all the scientific and technical procedures necessary to assure the results are highly reliable and accurate. (SAMHSA) and (HHS) certification provides for strict quality control measures. These procedures will include an initial screen of the urine sample you provide for illegal drugs and a confirming test by gas chromatography/mass spectrometry.

To assure that the sample collected from you is not accidentally confused with another sample, strict procedures known as the chain of custody will be used when collecting and transferring the specimen. The test results from your sample will be handled with maximum respect for individual confidentiality consistent with safety and security.

A confirmed positive test result reported by the laboratory will be reviewed by a Medical Review Officer (MRO) before a determination is made about whether you have used illegal drugs. You will be given an opportunity to discuss with the MRO all prescription and over-the-counter drugs you may be taking that could affect the outcome of the drug test.



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If it is determined that you are using illegal drugs, you may be provided the opportunity to use the service of the Department of Administration's Employee Assistance Program (EAP), provided that your appointing authority did not initiate any adverse action. For further information about the EAP program, you may contact your department's EAP Representative or Department of Administration's EAP Administrator. The Drug-Free Workplace Policy and Procedures can be found on our website, www.hr.doa.guam.gov. If you should have any questions, please contact the Human Resources Division at 475-1225 or 475-1248.

In the event you did not submit a written request canceling your inclusion in the random testing pool, refusal to submit to testing or failure to cooperate with the collection procedures will be grounds for disciplinary action, up to and including dismissal. Refusal to enter or successfully complete a counseling/rehabilitation program after a finding of illegal drug use will be grounds for disciplinary action, up to and including dismissal.

Should you have any questions or require any additional information, please do not hesitate to contact our Human Resources Division at 475-1132/1288. Dângkolo na Agradesimiento!

/s/

SHANE G.L. NGATA, Acting HR Manager
Department of Administration



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The purpose of this form is to provide employees whose positions that have not been identified as a Test Designated Position (TDP) to demonstrate their commitment to the Drug-Free Workplace Program and to be included in the pool of TDP's for "Random" Testing.

PART A: DEPARTMENT / AGENCY *(To be completed by the appointing Designated Employee Representative)*

As the department's Designated Employee Representative (DER), the procedures for voluntary testing have been provided to the respective employee.

Department: _____ **Today's Date:** _____

DER Name: _____ **DER Signature:** _____

Appointing Authority Name: _____ **Appointing Authority Signature:** _____

PART B: VOLUNTEER NOTICE ACKNOWLEDGEMENT *(To be completed by the Employee)*

I acknowledge receipt of this form and have read and understood its contents. I voluntarily and willingly admit to foregoing without pressure, intimidation or harassment on the part of management in entering this agreement. I acknowledge receiving notice from my appointing authority concerning procedures for voluntarily testing and I understand that I can withdraw from the voluntarily testing provided a written request was submitted to my appointing authority. Therefore, I would like to be included in the random testing and I understand that I will be subject to the same conditions and procedures for random and the consequences of a confirmed positive drug test result or refusing to cooperate with collection procedures.

(Please initial each provision)

_____ I understand that my position is not identified as a Test Designated Position (TDP).

_____ I am volunteering to be included in any future random testing.

_____ I agree to be tested under the "Random Testing" procedures.

Employee's Name: _____ **Social Security Number:** XXX-XX-_____

Position Title: _____ **Date of Birth:** _____

Employee Signature: _____ **Date:** _____

PART D: *(To be completed by the Department of Administration – Drug-Free Workplace Coordinator / EAP Administrator)*

_____ Signature of DOA DFWP Coordinator / EAP Administrator	DFW – EAP STAMP RECEIVED:
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