



Eddie Baza Calvo
Governor
Ray Tenorio
Lieutenant Governor

DEPARTMENT OF ADMINISTRATION
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DIRECTOR'S OFFICE
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Christine W. Baleto
Director
Vincent P. Arriola
Deputy Director

APR 13 2017

DEPARTMENT OF ADMINISTRATION CIRCULAR NO.: 2017-018

TO: All Non-Autonomous / Autonomous Departments & Agency Heads
FROM: Director, Department of Administration
SUBJECT: Drug Free-Workplace Program
Ref: Statistical Reports

Buenas yan Hafa Adai! This is a follow-up circular to department/agency regarding the Department of Administration (DOA) Circular No. 16-037, dated July 26, 2016, requesting the department/agency to submit a report at the end of the last date of each quarter relating to drug testing activities conducted by each agency to be included into the annual report to the Governor.

Please find the attached DOA Circular No. 16-037 and the Management Information System (MIS) Data form in preparing the statistical report.

Thank you for your cooperation and support in assisting our department in compiling the needed information. Should you have any questions, please contact our office Human Resources Division, Drug Free Workplace Program at 475-1225/1123.

CHRISTINE W. BALETO

Attachment(s)



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Christine W. Baleta
Director
Joseph L.G. Rios, Jr.
Deputy Director

JUL 26 2016

DEPARTMENT OF ADMINISTRATION CIRCULAR NO.: 16-037

TO: All Non-Autonomous / Autonomous Departments & Agency Heads
FROM: Director, Department of Administration
SUBJECT: Drug-Free Workplace Program
REF: Statistical Reports

Buenas yan Hafa Adai! In accordance with the Drug Free Workplace Program, Section 30d, each department/agency head shall submit to the Department of Administration, Human Resources Division an annual report relating to drug-testing activities conducted by each agency. The Drug Free Workplace Coordinator (DFWPC) at the department or agency will collect and compile anonymous statistical data for reporting the number of:

1. Random tests, reasonable suspicion tests, accident or unsafe practice tests, follow-up, voluntary or applicant tests administered;
2. Verified positive test results, by type of test and drug;
3. Voluntary drug counseling referrals;
4. Involuntary drug counseling referrals;
5. Disciplinary actions, terminations, employee-applicant non-selection, or denials of employment offers from a verified positive drug test result;
6. Disciplinary actions, terminations, or denials of employment offer resulting from refusal to submit to testing.
7. Disciplinary actions, terminations or denial of employment offers resulting from alteration of specimens;
8. Disciplinary actions, terminations or denial of employment offers resulting from failure to complete a drug abuse counseling program; and
9. Employees who successfully complete rehabilitation under the Employee Assistance Program (EAP).

This data, along with other pertinent information will be compiled and submitted to the Drug Program Specialist (DPS) on the last day of each quarter; for inclusion in the Department of Administration's annual report to the Governor. The Governor may use the data to assist in overall program evaluation, determine whether changes to the program are required, and request for additional funding as necessary.

In addition, the drug test scheduling and drug test results are highly confidential. Therefore, we are requesting the departments/agencies to provide our office with an updated designated employer representatives and employee assistance counselors to serve as the department/agency contact for all drug test scheduling, receipt of results, and other communications regarding the Drug Free Workplace Program. Please complete the information on the attached sheet and submit to Department of Administration, Human Resources Division. If no one is officially designated, all requests for drug test information will be accepted and released to the department head.

Thank you for your cooperation and support. Should you have any questions, please do not hesitate to contact the Drug Free Workplace Branch at 475-1225.



CHRISTINE W. BALETO

Attachment

DRUG FREE WORKPLACE PROGRAM DESIGNATED OFFICIALS

DEPARTMENT/AGENCY _____

PRIMARY - DESIGNATED EMPLOYER REPRESENTATIVE (DER)						
1	Print Name	Signature	Position	Contact Number	Fax Number	E-Mail Address
ALTERNATE - DESIGNATED EMPLOYER REPRESENTATIVE (DER)						
2	Print Name	Signature	Position	Contact Number	Fax Number	E-Mail Address

PRIMARY - EMPLOYEE ASSISTANCE PROGRAM (EAP) COUNSELOR						
1	Print Name	Signature	Position	Contact Number	Fax Number	E-Mail Address
ALTERNATE - EMPLOYEE ASSISTANCE PROGRAM (EAP) COUNSELOR						
2	Print Name	Signature	Position	Contact Number	Fax Number	E-Mail Address

Concurred by: _____ DIRECTOR SIGNATURE _____ PRINT DIRECTOR NAME

Approval Date: _____