



EMPLOYEE INDIVIDUAL TESTING DESIGNATED POSITION (TDP) NOTICE FORM



To: _____

From: Director, Department of Administration

Subject: Employee Individual Testing Designated Position Notice – Random Drug Testing Requirement

Buenas yan Hafa Adai! A General Notice was signed when you had processed with the Records Branch of the Department of Administration advising you that the Government of Guam is a Drug-Free Workplace, pursuant to executive orders, laws and the DOA Drug-Free Workplace Program (DFWP).

According to the DFWP, the position that you occupy is a Testing Designated Position (TDP). Employees occupying a TDP are subject to random drug testing. Performance of the duties of your position is sufficiently critical to the government of Guam that screening to detect the presence of drugs is warranted as a requirement of your position. It is mandatory for your continued employment in this position that you refrain from the use of illegal and prohibited drugs and when directed, submit to random drug testing.

Beginning the day that you sign and date this Form, you will be subject to random drug testing without prior notice. Refusal to submit to testing will result in administrative action and the initiation of disciplinary action, up to and including dismissal. Refusal to sign and date this notice does not exempt you from random drug testing for as long as you occupy a TDP position. For employees moving between TDPs, a new employee notice may be issued to reflect the change of the position title. The drug test includes, but is not limited to, screening for cocaine, opiates/opioids (e.g. heroin, fentanyl), amphetamines (e.g. methamphetamines), phencyclidine (PCP), and barbiturates and all controlled substances listed in Appendix A-E of Chapter 67 of Title 9, Guam Code Annotated, also known as the Guam Uniform Controlled Substances Act. Cannabis (marijuana) will also be tested [psychoactive metabolites of cannabis for most positions, and non-psychoactive metabolites of cannabis for positions exempted under Section (d) or (e) of Public Law 37-119].

You will receive specific instructions concerning when and where the test will be conducted immediately prior to the test. You will be allowed individual privacy while providing the urine specimen unless there is reason to believe the specimen will be altered. To ensure the accuracy of the test result, the collection, handling, and testing of the urine specimen will be conducted under strict chain-of-custody procedures. The collection of a specimen other than urine may be required for the testing of psychoactive metabolites of cannabis. The test results will be handled confidentially. In the event your specimen tests positive, you will be given an opportunity to provide evidence to an MRO for verification of the legitimate use of drugs.

Verified positive illegal or prohibited drug test results, having an invalid specimen, having a dilute positive specimen, refusal or failure to furnish a urine specimen, or failure to report for testing as directed are grounds for discipline. In accordance with the DFWP, the Department of Administration's Personnel Rules and Regulations, and applicable executive orders and Guam laws, your department will be advised to issue you an adverse action, up to and including dismissal for failure to comply. In addition, you will be immediately removed from performing any safety sensitive duties and responsibilities and may be placed on administrative leave or assigned to a non-TDP, if available. Should your department elect not to dismiss you because this is your "first offense", management is required to inform you to seek treatment and rehabilitation through the Employee Assistance Program (EAP). Through the EAP agreement, you are required to cooperate with the EAP Counselor in undergoing rehabilitation treatment and attending a certified rehabilitation program approved by the Guam Behavioral Health and Wellness Center. The cost of treatment will be at your expense and any time spent in treatment during working hours will be charged to a combination of sick leave, annual leave, compensatory-time off (CTO), including advance sick



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leave and/or donated leave.

Also, be advised that classified employees occupying TDP positions who resign within 30 days of a departmental random drug test, during which they would have been subject to testing, must complete and clear the drug test prior to their effective date of resignation in order to retain re-employment rights pursuant to P.L. 38-4.

If you believe you have a drug problem, you are encouraged to seek counseling and/or referral services by contacting your department's Designated Employee Assistance Program Counselor as part of the self-referral process. However, please be advised that positions that have been identified as a TDP are not subject to the provision of "*safe harbor*", as per Public Law 31-28 which means you are not able to invoke safe harbor and are subject to disciplinary action. For more information regarding Testing Designated Positions, refer to the DFWP.

I am advised that even if I refuse to sign this Form, I am still subject to random testing.

/s/

Director, Department of Administration



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PART A: EMPLOYEE INFORMATION *(To be completed by the employee)*

I acknowledge receipt of this form and have read and understood its contents. I understand that refusal to submit to testing will result in administrative action and the initiation of disciplinary action up to and including dismissal. I am advised that even if I refuse to sign this form, I am still subject to random testing.

Employee's Name: _____ Social Security No (last 4 digits): xxx-xx-_____
Position Title: _____ Employee ID: _____
Department: _____ Section: _____
Employee's Signature: _____ Date: _____

FOR OFFICIAL USE BY DEPT OFFICIAL OR DFWP OFFICIAL WHO ISSUED FORM:

Check mark as applicable:

Employee accepted and Signed Form _____

Employee accepted Notice Form, but Refused to Sign Form _____

Employee did not accept Notice Form and Refused to sign Form _____

Date & Time Form Presented to Employee: _____

Issuing Official – Print Name: _____ Signature: _____

Date: _____

PART B: DEPARTMENT OF ADMINISTRATION *(To be completed by the Drug Program Specialist)*

Copy to Employee's DFWP Coordinator? Yes ___ No ___

DFWP DATE RECEIVED:

Signature of DOA Drug Program Specialist