



DRUG TEST RESULT APPEAL FORM



The purpose of this form is to provide the applicant/employee an opportunity to appeal the drug test result findings as reported by Medical Review Officer (MRO) within ten (10) business days upon receipt of being informed by their respective Agency Director. **Failure to submit the Drug Test Result Appeal form, within said deadline above to the DOA Human Resources Division will be considered an "Acceptance" of the drug test result.**

Please check mark the box below to indicate that you want to appeal and complete Part A. **(DO NOT ATTACH MEDICAL CONDITION OR DIAGNOSTIC INFORMATION):**

Yes, I am exercising my right to appeal the drug test findings as reported by the Medical Review Officer (MRO). I understand, I am requesting a "retest" of the same urine sample and the cost of the "retest" will be at my own expense and will not be reimbursed by the Department of Administration or the selecting agency/department. Also, I am aware that a payment of \$150.00, must be received by the Department of Administration during this period before a "re-test" of the same urine specimen is authorized. (NOTE: CONTACT THE DOA HR DRUG TESTING BRANCH TO CONFIRM FEE AMOUNT PRIOR TO MAKING PAYMENT)

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

I acknowledge receipt of this form and have read and understood its contents. Submission of the Drug Test Result Appeal Form must be received by the DOA HR Division within ten (10) business days from the date of receipt of my memo from my Agency Director informing me of my drug test results. Failure to submit the Drug Test Result Appeal form, within this deadline will be considered an "Acceptance" of the drug test result.

Applicant/Employee Signature

Print Name

Date

XXX-XX-_____
Last 4 Digits of SSN #

Email

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

QUESTIONS	YES	NO
1) Did applicant/employee attach documents, if YES, what?		
2) Was Appeal Form & payment received within deadline? If NO, inform applicant/employee		
3) If YES to #2, was MRO and/or laboratory notified to re-test?		

Signature of DOA Drug Program Specialist

DFWP STAMP RECEIVED: