APPENDIX C

Sample Follow-Up Testing Notification

TO:_____

This is to notify you that you will be subject to unannounced follow-up drug testing during the 12-month period beginning _____. You will be tested for all five drugs authorized in the Department of Health and Human Services (DHHS) Mandatory Guidelines for Federal Workplace Drug Testing Programs. The drugs are: amphetamines, opiates, phencyclidine (PDP), cocaine and marijuana. This testing is separate from regular random testing and from rehabilitation testing which may be part of your treatment plan.

ACKNOWLEDGMENT OF RECEIPT

Your signature below acknowledges that you have read this notice.

_____

Employee's Signature Date

Note: If the employee refuses to sign the acknowledgment above, the supervisor must sign below, thereby certifying that a copy of the notice was provided to the employee.

_____

Supervisor's Signature Date

PRIVACY ACT STATEMENT

Collection of this information is authorized under Executive Order 12564, "Drug-Free Federal Workplace." The purpose of this form is to notify you that you will be subject to unannounced follow-up drug testing in accordance with EO 12564. Completion of this form is voluntary. Failure to sign the form does not release you from the requirement to participate in follow-up drug testing. IAW EO 12564 and 5 U.S.C. 7301, test results may only be disclosed to agency officials on a need-to-know basis. This may include the agency Medical Review Officer, the administrator of the Employee Assistance Program, and a supervisor with authority to take adverse personnel action. This information may also be disclosed to a court or the Department of Justice where necessary to defend against a challenge to an adverse personnel action.