



INDIVIDUAL NOTIFICATION FOR SELECTION FOR RANDOM DRUG AND/OR ALCOHOL TESTING District of Columbia Department of Human Resources

To: Employee /Volunteer Name (Print) Employee ID Agency Organization Unit Job Title

It is the policy of the District government to provide a drug free workplace and for all employees and volunteers to abide by this policy. In accordance with Chapter 4 of the D.C. personnel regulations, Suitability, this notice reminds you that you occupy, either as an employee or a volunteer, a safety sensitive position that subjects you to random drug and alcohol testing. If you are detailed, temporarily promoted, or temporarily assigned to a safety sensitive position, you are also subject to random drug and alcohol testing while assigned. Safety sensitive position means a position in which it is reasonably foreseeable that, if the employee performs the position’s routine duties while under the influence of drugs or alcohol, the employee could suffer a lapse of attention or other temporary deficit that would likely cause actual, immediate, and serious bodily injury or loss of like to self and others.. Safety sensitive positions are subject to (1) pre-employment, (2) random, (3) reasonable suspicion, (4) post-accident or incident, and (5) return-to-duty/follow-up drug and alcohol testing. The position listed above is designated as safety sensitive.

Your name has been randomly selected for urinalysis drug testing and/or breathalyzer alcohol testing by a third-party vendor independent of the District government. Your selection does not imply that the District has specific cause to suspect you of using illegal drugs or being under the influence of alcohol. Nonetheless, the District’s drug and alcohol policy for safety sensitive employees requires that you provide a testing specimen.

Upon receipt of this notice of selection for random testing, you must immediately proceed to the designated collection site for specimen collection.

You have no more than (1) hour from the time of notification to report to the testing site. Failure to report to the testing site as instructed will constitute a failure to test and will subject you to disciplinary action up to and including removal. Please bring a Photo ID with you for identification at the collection facility.

Testing Site Location:

Time to Report By:

Type of Test: [] Alcohol [] Controlled Substance

This employee performs Full-Time Part-Time Seasonal Non-CDL Safety Sensitive duties.

Note: If you will be tested for a controlled substance, your specimen will be evaluated for the following drugs: amphetamines, cocaine, extended opiates, marijuana, MDP-analogues, opiates, oxycodone’s, and phencyclidine (PCP).

ACKNOWLEDGEMENT OF RECEIPT

I hereby acknowledge receipt of my selection for random drug and/or alcohol testing.

Employee/Volunteer Name (Print) Employee/Volunteer (Signature) Date/Time Notified Issuing Official Name (Print) Issuing Official (Signature)