

INDIVIDUAL NOTIFICATION FOR SELECTION FOR RANDOM DRUG AND/OR ALCOHOL TESTING

District of Columbia Department of Human Resources

| To: | |
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| Employee/Applicant/Volunteer Name (Print) | Employee ID |
| Agency | Organization Unit |
| It is the policy of the District government to provide a drug free work accordance with Chapter 4 of the D.C. personnel regulations, <i>Su</i> appointed to, or occupy, either as an employee or a volunteer, a alcohol testing. If you are detailed, temporarily promoted, or tem subject to drug and alcohol testing while assigned. Covered pos responsibilities that if performed while under the influence of drugs cause actual, immediate, and permanent physical injury or loss of life to (1) pre-employment, (2) random, (3) reasonable suspicion duty/follow-up drug and alcohol testing. The position listed about the drug and alcohol testing. | covered position that makes you subject to drug and approarily reassigned to a covered position, you are also sitions include safety-sensitive positions with duties or or alcohol could lead to a lapse of attention that could to self or others. Safety sensitive positions are subject n, (4) post-accident or incident, and (5) return to |
| Your name has been selected for Urinalysis drug testing and/or Breaprogram of random selection. Your selection does not imply that to you of using illegal drugs. Nonetheless, the District's Drug and Alcothe random testing specimen be collected. | the District Government has a specific cause to suspect |
| Upon receipt of this notice of selection for random testing, you must for specimen collection. | t proceed immediately to the designated collection site |
| You have no more than (1) hour from the time of notification testing site as instructed will constitute a failure to test and is subject the subject to the | ect to disciplinary action up to and including removal. |
| Testing Site Location: | |
| Time to Report By: | |
| Type of Test: Alcohol Controlled Substance | |
| This employee performs Full-Time Part-Time S | Seasonal Non-CDL Safety-Sensitive duties. |
| Note: If you will be tested for a controlled substance, your sp Marijuana, Cocaine, Amphetamines, Opiates, and Phencyclidin | pecimen will be evaluated for the following drugs: |
| ACKNOWLEGEMENT OF RECEIPT I hereby acknowledge receipt of my selection for random drug | g and/or alcohol testing. |
| Employee/Applicant/Volunteer Name (Print) Employee/Applicant/ | /Volunteer (Signature) Date/Time Notified |
| Issuing Official Name (Print) Issuing Official (Signal Signal Sig | ature) |