

## INDIVIDUAL NOTIFICATION OF REQUIREMENTS DRUG AND ALCOHOL TESTING: Protection Sensitive District of Columbia Department of Human Resources

To:			
Employee/Applicant/Appointee Name (Print)	Position Title	Agency	
It is the policy of the District government to provide a d Chapter 4 of the District Personnel Manual (DPM), S protection sensitive position that makes you subject to reassigned to a protection sensitive position, you are protection sensitive position. Protection sensitive posi other vulnerable persons. Protection sensitive posi subject to the following drug and alcohol tests: (1) (4) return-to-duty and follow-up. Except as desc (marijuana).	Suitability, this notice inform of drug and alcohol testing. also subject to the types ditions are positions with dulitions, including those for pre-employment, (2) reasonable.	In syou that you have be If you are detailed, tempor of drug and alcohol testing ties or responsibilities that or which testing is spec- sonable suspicion, (3) p	een appointed to, or occupy, a orarily promoted, or temporarily ag below while assigned to tha at involve caring for patients o cifically required by law, are post-accident or incident, and
In general, testing for drugs shall be conducted by uring utilizing an evidentiary breath-testing device or EBT, or		·	g for alcohol shall be conducted
An appointee or employee in a protection sensitive submit to a required drug or alcohol test, or fails alcohol test, may be deemed unsuitable for their prof the employing agency, the employing agency may otherwise suitable, or take appropriate administrative procedures, such as the procedures specified in Chap appointee to a protection sensitive position at a District You will not be disqualified from employment based on unless you are found to be in possession of or under positive drug or alcohol test, fails or otherwise refuses instructions given during a required drug or alcohol employment will be made. Each personnel authority is alcohol testing. This constitutes the required notice and testing. You are required to acknowledge receipt of this	or otherwise refuses to rotection sensitive position by move the employee to a action, up to and including oter 16 of the DPM or any at a government agency, you may a positive pre-employment the influence of cannabises to submit to a required dratest, any conditional offer required to provide you with deprovides you with general	follow instructions given on. If an employee is deem non-covered position for termination, pursuant to applicable collective bargarust pass a pre-employment drug test result showing at the time of testing. Of the testing of employment will be reproduced and information of information about the recommendation.	en during a required drug of med unsuitable, at the discretion or which they are qualified and the appropriate adverse action aining agreement. If you are arent drug test upon appointment the presence of cannabis only therwise, if an appointee has a sor otherwise refuses to follow escinded, and no final offer on the requirements for drug and quirements for drug and alcoholes.
NOTICE OF RIGHTS			
Through this document, you are being notified as to y relating to this designation, including that you may file to <a href="https://forms.office.com/g/vaz7tyfY8d">https://forms.office.com/g/vaz7tyfY8d</a> no later than days after a significant change in circumstances occur District or your jurisdiction of residence.	an appeal of your protection forty-five (45) business da	n sensitive designation by ys after your designation	submitting an electronic form changes, or no later than 45
ACKNOWLEDGEMENT OF RECEIPT			
I have read the <i>Individual Notification of Require</i> acknowledge that I will or currently occupy a protection notified and provided general information about the req drugs or alcohol on any of the above-mentioned drug termination of my employment.	n sensitive position that is s puirements for drug and alco	ubject to drug and alcoho shol testing. I acknowledge	ol testing, and that I have been e that, should I test positive for
Employee/Applicant/Appointee Name (Print)	Employee/Applicant/Appoint	ee (Signature)	Date Acknowledged
Serving Official Name (Print)	Serving Official (Signature)		Date Served