

MEMORANDUM

TO: Employee Name and SSN

FROM: Appointing Authority Name/Title

SUBJECT: **ALCOHOL and/or DRUG TEST NOTIFICATION (RANDOM)**

DATE: Date Being Issued

Your position has been randomly selected for drug testing. You will:

1. Report to the designated testing location
2. Bring a picture ID
3. Receive The Custody and Control Form; and
4. A copy will be provided to you

You are advised that if:

- a) you expressly decline to submit to alcohol or other drug testing;
- b) you fail to appear at the testing location by the specified time;
- c) you engage in conduct that clearly obstructs the testing process;
- d) you fail to provide adequate urine for testing (45ml.) and/or breath for alcohol testing without an acceptable medical reason;
- e) you leave the testing site before providing an adequate sample in the allotted time (up to 3 hours if necessary);
- f) the temperature of your specimen is outside the acceptable range;
- g) the laboratory and/or the MRO determine that your sample has been adulterated or substituted, or,
- h) the testing indicates use of an illegal drug(s) without a legitimate medical explanation.

This will be considered a Refusal and the actions described below will be taken:

You will be dismissed from employment and disqualified from state employment for a period of 2 years from the date of notification.

I certify that I have read and understand the information contained in this document.

Applicant Signature

Date/Time