



**PRE – EMPLOYMENT /TEST DESIGNATED POSITION (TDP)
CONSENT AND ACKNOWLEDGEMENT FORM**



I, _____, an applicant for government of Guam employment or a current employee who is offered employment in a Test Designated Position (TDP), consent to and acknowledge that I will be scheduled to undergo drug testing should an employment/TDP offer be made by the hiring authority. I understand that I cannot start work until I take and pass the required drug test.

Test Specimen and Substances: I understand that I must take the drug test, pursuant to Executive Order 95-29, in accordance with the Department of Administration’s comprehensive Drug-Free Workplace Program Operating Procedures.

- A. The drug test will involve an analysis of a urine sample, which I will provide 30 mL at a designated test site.
- B. The purpose of the test will be to test for the presence of the following substances: **Marijuana (THC), Cocaine (COC), Amphetamines (AMP), Phencyclidine (PCP), Opiates.**

Specimen Collection: I understand that qualified laboratory personnel is to collect a minimum of 30 mL of urine to be analyzed and verified for any drugs present in my system.

Failure to Provide a Urine Specimen: I understand that I must remain at the collection site until I am able to provide sufficient urine sample of 30mL.

Refusal to Undergo Drug Testing: I understand that I must appear at the designated test site for drug testing with a minimum of 30 minutes and a maximum of one hour notification. Failure to appear during the prescribed time will result in a verified positive drug test. I also understand that failure to provide adequate urine for controlled substances testing without a valid medical explanation, and engaging in conduct that clearly obstructs the testing are the same as refusing to test.

Diluted Urine Specimen: I understand that a diluted result is unsatisfactory on a pre-employment drug test. I understand that I may be given **one additional** opportunity to provide a valid specimen. The result of the second test will determine whether I am eligible for employment. A **second diluted** test without a medical reason, verified by the MRO is considered ineligible for employment.

I understand that when I receive a second “diluted” result on my drug test, I will not be eligible to be hired, and I am disqualified from consideration of government employment for a period of twelve (12) months from the date of the second test result.

Procedures for Confirming and Verifying Positive Results: I understand that the MRO will make all reasonable attempts to contact me to discuss the test result before the MRO verifies the urine analysis as a confirmed positive drug test. If the MRO verifies the confirmed positive drug test result, I understand and consent to the MRO sending the verified positive test result to the DOA and the selecting department.

Release of Test Results: I agree that my drug screen test results be made available for review by the Medical Review Officer (MRO), the selecting department and the Department of Administration (DOA) in connection with determining whether I violated the drug testing policies. I understand this authorization and consent form is valid until revoked by me in writing.



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Contesting Drug Test Results: I understand that should I choose to contest the results as provided by the Medical Review Officer (MRO), I have 10 (ten) work days from the date the MRO reviewed and confirmed the drug result to formally indicate in writing to the Human Resources Division (HRD), Department of Administration (DOA) that I contest the drug test results. The cost for the “retest” of the same urine sample will be at my expense and a payment of \$150.00 must be received by the HRD, DOA before the test is performed.

By execution of this consent form, I acknowledge that DOA has notified me of the Drug Free Workplace Program Operating Procedures.

Print Name of Applicant or Employee

Signature of Applicant or Employee

Date: _____

Last four digits of your SSN: XXX-XX-_____