



EMPLOYEE INDIVIDUAL NOTICE TEST DESIGNATED POSITION (TDP)



To:

From: Human Resources Manager, Department of Administration

Subject: Employee Individual Notice – Random Drug Testing Requirement

Buenas yan Hafa Adai! A General Notice was signed when you had processed with the Records Division of the Department of Administration advising you, that the Government of Guam is a Drug-Free Workplace, pursuant to Executive Order 95-29 and that random drug testing is part of the Drug-Free Workplace Program (DFWP). It has been determined that your position meets the criteria for random drug testing under the DFWP. Performance of the duties of your position is sufficiently critical to the government of Guam that screening to detect the presence of drugs is warranted as a requirement of your position. It is mandatory for your continued employment in this position that you refrain from the use of illegal drugs and, when directed, submit to drug testing.

No sooner than thirty days (30) from receipt of this notice, you may be subject to random drug testing on an unannounced basis for marijuana, cocaine, opiates, amphetamines, and phencyclidine (PCP). You will receive specific instructions concerning when and where the test will be conducted immediately prior to the test. You will be allowed individual privacy while providing the urine specimen unless there is reason to believe the specimen will be altered. To ensure the accuracy of the test result, the collection, handling, and testing of the urine specimen will be conducted under strict chain-of-custody procedures established by the U.S. Department of Health and Human Services Guidelines for Workplace Drug Testing Programs and as described in the Department of Administration DFWP Policy. The procedures used to test the urine specimens are very accurate and tightly monitored to ensure reliable results. The test results will be handled with maximum respect for individual confidentiality. In the event your specimen tests positive, you will be given an opportunity to provide evidence to an MRO for verification of the legitimate use of over-the-counter or prescription drugs authorized by a physician.

Refusal to furnish a urine specimen or failure to report for testing as directed is grounds for discipline, pursuant to rule 11.400 and 11.402 of the personnel Rules and Regulations, your department shall issue an adverse action, up to and including dismissal for failure to comply with the Drug-Free Workplace Program. In addition, you will be immediately removed from performing any safety sensitive duties and responsibilities and may be placed on administrative leave or assigned to a non-TDP, if available. Should your department elect not to dismiss you because this is your **“first offense”**, management is encouraged to inform you to seek treatment and rehabilitation and your department may utilize the Employee Assistance Program (EAP). Through the EAP agreement, you are required to cooperate with the EAP Counselor in undergoing rehabilitation treatment and attending a certified rehabilitation program approved by the Department of Mental Health and Substance Abuse. The cost of treatment will be at your expense and any time spent in treatment will be charged to a combination of sick leave, annual leave, compensatory-time off (CTO), including advance sick leave and/or donated leave.

If you believe you have a drug problem, you are encouraged to seek counseling and/or referral services by contacting your department’s Designated Employee Representative. Please note, pursuant to Public Law 31-28, effective April 18, 2011 positions that have been identified as a TDP are not subject to the provision of **“safe harbor”**. Therefore, you will be issued an adverse action. It is important to note, that once you are informed of an impending drug test, you are no longer eligible for **“safe harbor”**. Furthermore, if you are arrested or



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convicted of a **drug related** offense, you will not be eligible for “*safe harbor*” from discipline for those actions, pursuant to 4 GCA §4202.1, §4202.2 and Public Law 28-122, you shall notify your appointing authority of any arrest.

If you believe your position has been wrongly designated as a TDP, you may request a review and determination. Such a request must be submitted in writing to the Director, Department of Administration within fifteen days (15) of receipt of this notice. It should state the reasons why you believe that your position should not be a TDP and include all other relevant information. The DOA Director’s decision is not subject to further review nor is it grievable under the administrative grievance procedures. If you are a member of a bargaining unit, you must seek review of your position designation through your union contract, unless the agreement specifically excludes such decisions from the negotiated procedure.

As stated in the General Notice announcing the Drug-Free Workplace Program, you, all employees may be subject to testing due to reasonable-suspicion, involvement in an accident or safety mishap, and as part of/or follow-up to a rehabilitation and/or counseling program for illegal drug use. When conducting reasonable-suspicion, post-accident/unsafe practice, or mishap testing, the test may be for any drug listed in Chapter 67 of Title 9 Guam Code Annotated (Uniform Controlled Dangerous Substance Act) or any drug listed in Schedules I or II of the Controlled Substance Act.

/s/

SHANE G.L. NGATA, Acting
Human Resources Manager



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Please forward all documents in DUPLICATE to the Department of Administration

PART A: EMPLOYEE INFORMATION <i>(To be completed by the employee)</i>	
I acknowledge receipt of this form and have read and understood its contents. I voluntarily and willingly admit to foregoing without pressure, intimidation or harassment on the part of management in entering this agreement. Failure to adhere to the terms of this agreement will be grounds for disciplinary action, up to and including dismissal	
Employee's Name: _____	Social Security Number: <u>XXX-XX-</u> _____
Position Title: _____	Date of Birth: _____
Department: _____	Section: _____
Date: _____	
PART B: DEPARTMENT/AGENCY <i>(To be completed by the Department/Agency DER Representative)</i>	
_____	_____
Signature of Agency/Department DFWP DER/EAP Representative	Date
_____	_____
Print Name	_____
_____	_____
Signature of Agency/Department Head	Date
_____	_____
Print Name	_____
PART C: DEPARTMENT OF ADMINISTRATION <i>(To be completed by the DFWP Coordinator / EAP Administrator)</i>	
_____	DFWP – EAP STAMP RECEIVED:
Signature of DOA DFWP Coordinator / EAP Administrator	