

Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

TO:

FROM:

RE: Acknowledgement of Pre-Employment Drug Testing

In accordance with the _____, Pre-employment Drug Testing Policy, you are directed to submit to drug testing.

You are required to immediately go to the following location _____ before COB _____ with the attached Custody and Control Form, Order for Testing and a picture ID. Should you have any problems with the collection process, you are to contact _____ while remaining at the collection site.

As a condition of employment:

- You must successfully complete the pre-employment drug testing process as directed. The test is conducted under the authority of O.C.G.A. 45-20-110 to determine the presence of illegal drugs.
- The cost of this drug test will be paid by the employer.
- If you fail to successfully complete the drug testing process as directed or if your drug test result is verified by the Medical Review Officer (MRO) as positive for the present of an illegal drug(s), without a legitimate medical explanation, the job offer will be rescinded and you will be disqualified from employment with any State employer for a period of two years.

You are advised that if:

- You expressly decline to submit to drug testing;
- You fail to appear at the testing location by the specified time;
- You engage in conduct that clearly obstructs the testing process;
- You fail to provide adequate urine for testing (45 ml.) without an acceptable medical reason;
- You leave the testing location before providing an adequate sample in the allotted time (up to 3 hours if necessary);
- The testing laboratory and/or the MRO determine that your sample has been adulterated or substituted; or,
- Your testing indicates use of an illegal drug(s) without a legitimate medical explanation;

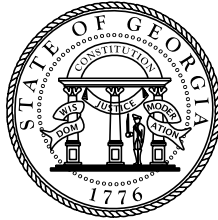
The actions described in (a) or (b) below will be taken:

- If you have not begun employment, the offer of employment will be withdrawn and you will be disqualified from state employment for a period of two (2) years from the date of testing or date of refusal to test; or,
- If you have begun employment, you will be separated immediately in accordance with the Rules of the State Personnel Board, and disqualified from state employment for a period of two (2) years from the date of testing or refusal to test.

I certify that I have read and understand the information contained in this document. I certify that I have received, read and understand the "Order for Testing" form. I understand that if I refused to sign this form, refuse to take the drug test, fail to appear at the testing location by the specified time, fail to successfully complete the drug testing process, or receive a verified positive drug test result, I am forfeiting any further consideration for this position.

Applicant's Signature

Date



Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

TO:
FROM:
RE: Acknowledgement of Random Drug Testing

In accordance with the _____, Random Drug Testing Policy, you are directed to submit to drug testing.

You are required to immediately go to the following location _____ before COB on _____ with the attached Custody and Control Form, Order for Testing and a picture ID. Should you have any problems with the collection process, you are to contact _____ at while remaining at the collection site.

After providing the specimen, two copies of the completed drug testing form will be given to you. You are to return directly to work. Immediately upon returning, you are to submit the completed drug testing form to Jane Doe in order to complete the drug testing process.

_____ Immediately _____ by _____

You are advised that if:

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

The actions described in the below will be taken:

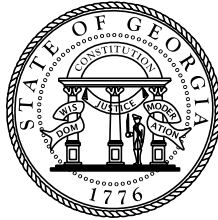
- You will be immediately separated from employment with the Department of Human Services. Additionally, you will not be eligible for future employment with DHS for a period of two (2) years from the date of separation.
- If you would like to review DHS Policy #1302 reference above, please see me immediately.

I certify that I have read and understand the information contained in this document. I certify that I have received, read and understand the "Order for Testing" form. I understand that if I refused to sign this form, refuse to take the drug test, fail to appear at the testing location by the specified time, fail to successfully complete the drug testing process, or receive a verified positive drug test result, I am forfeiting any further consideration for this position.

Applicant Signature

Date

Nathan Deal
Governor



Robyn A. Crittenden
Commissioner

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