

**CONDITION OF EMPLOYMENT FOR CERTAIN CIVILIAN POSITIONS IDENTIFIED CRITICAL UNDER THE
DEPARTMENT OF THE ARMY DRUG-FREE FEDERAL WORKPLACE PROGRAM**

For use of this form, see DA PAM 600-85; the proponent agency is ODCSPER

1. FROM	2. TO <i>(Employee name, title, series, and grade)</i>
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3. NOTICE TO APPLICANT OR CURRENT EMPLOYEE OF RANDOM DRUG TESTING UNDER THE DEPARTMENT OF THE ARMY DRUG-FREE FEDERAL WORKPLACE PROGRAM

A. Your position, or the position for which you have applied, meets the criteria for random drug testing under the Department of the Army Drug-Free Federal Workplace Program. Performance of the duties of your position is sufficiently critical 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 submit to drug testing when directed.

B. If you are an applicant and fail to sign this notice, you will not be selected for the position. If you sign this notice and later in the selection process refuse to submit to drug testing, or if illegal drug use is detected through a verified positive applicant drug test result, you will not be selected for the position. If selected, you will be subject to random drug testing on an unannounced basis as a condition of continued employment.

C. If you are currently in a testing designated position *(TDP)*, you may be subject to random drug testing on an unannounced basis no sooner than 30 days from receipt of this notice.

D. The collection, handling, and testing of the urine sample will be conducted under chain-of-custody procedures established by the Department of Health and Human Services. 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 submit medical documentation to a designated medical review officer that may support legitimate use of the specific drug(s) before any administrative action is taken.

E. If you refuse to furnish a urine specimen or fail to report for testing as directed, you will be subject to the same range of administrative action as a verified positive test result for illegal drug use for failure to meet a condition of employment. If, by any means, illegal drug use is detected, you will be (1) immediately taken out of your TDP through reassignment, detail, or other personnel action to ensure that you do not occupy a TDP, and (2) referred to the Employee Assistance Program *(EAP)*. In addition, you may be reassigned, demoted, or separated according to applicable regulations.

F. If you believe you have a drug problem, you are encouraged to seek counseling and/or referral services by contacting the EAP *(provide name, address, telephone number of point of contact)*.

4. ACKNOWLEDGMENT OF RECEIPT: Your signature below acknowledges that you have read this notice.

a. EMPLOYEE'S SIGNATURE	b. DATE <i>(YYYYMMDD)</i>
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NOTE: If an employee refuses to sign the acknowledgment above, the supervisor must sign below, thereby certifying that a copy of the notice was provided to the employee.

5a. SUPERVISOR'S SIGNATURE	5b. SUPERVISOR'S TELEPHONE NUMBER AND FAX NUMBER
5c. SUPERVISOR'S E-MAIL ADDRESS	5d. DATE <i>(YYYYMMDD)</i>