Employee Acknowledgement of Instruction in Testing
For illegal Use of Drugs

As an employee of ________________________________, I have received instruction on the program for testing for illegal use of drugs in my agency, which is operated under the provisions of code of Maryland Regulations 06.01.09.

My instruction has included information about conditions for testing for illegal use of drugs. I understand that:

Check One

____ I am an employee in a sensitive classification or in a sensitive position, and, as such, may be subjected to testing based on reasonable suspicion, random selection, an incident triggered factor or participation in a drug abuse rehabilitation program.

____ I am an employee in a non-sensitive classification or position and, as such, am subject to testing based on reasonable suspicion only.

I also understand the following:

The drugs which testing will detect;

The procedures under which I may be required to provide a urine specimen for testing;

The consequences of a positive test result which could include disciplinary action, require participation in a drug abuse rehabilitation program, result in termination of employment;

My right to have a portion of the same urine specimen which produced a positive test result re-tested by a National Institute for Drug Abuse (NIDA) certified laboratory of my own choice at my own expense;

My right to appeal any action taken against me based on a positive test result through the grievance procedure.

I understand that, should I be required to submit to testing for illegal use of drugs, this testing will be subject to the conditions, requirements and rights listed above.

I received this instruction on ________________________________________________
From __________________________________________.

______________________________
Signature of Employee