

DRUG URINALYSIS TESTING STATEMENT OF UNDERSTANDING

I, _____, agree to report to duty prior to completion of the required drug urinalysis testing, which is a condition of employment for the position of _____.

I have already been pre-tested for the position.

If I am new to the Federal service, I fully understand that a drug test positive result will result in my removal from the offered position and the Federal service with no right to appeal.

If I am a current Federal employee who is moving from a non-testing designated position (TDP) to a TDP position, I fully understand that if my drug test is verified to be positive, I will be (1) immediately moved from the above specified position to a non-TDP position through reassignment, detail or change to lower grade. Additionally, management may, for the efficiency of the service, exercise the option to assign me permanently to a lower graded, non-TDP position or initiate an action to remove me from the Federal service using adverse actions procedures.

Finally, I acknowledge that if I successfully complete/pass this examination that I will be subject to random drug urinalysis testing.

Signature

Date

Approved / Disapproved



JAMES A. LATERZA

LTC, MS

Deputy Commander for Administration