

**CONDITION OF EMPLOYMENT FOR CERTAIN CIVILIAN POSITIONS IDENTIFIED AS SAFETY-SENSITIVE UNDER THE DEPARTMENT OF TRANSPORTATION, FEDERAL HIGHWAY ADMINISTRATION RULES ON DRUG AND ALCOHOL TESTING**

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

<b>1. FROM</b>	<b>2. TO</b> <i>(Employee name, title, series, and grade)</i>
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**3. NOTICE TO APPLICANT OR CURRENT EMPLOYEE OF RANDOM DRUG TESTING COVERED UNDER THE DEPARTMENT OF TRANSPORTATION, FEDERAL HIGHWAY ADMINISTRATION RULES ON DRUG AND ALCOHOL TESTING**

The Omnibus Transportation Employee Testing Act of 1991 (*Public Law 102-143*) requires alcohol and drug testing of safety-sensitive employees in the motor carrier industry. On February 15, 1994, the U.S. Department of Transportation (*DOT*) and the Federal Highway Administration (*FHWA*) issued final rules requiring alcohol and drug testing of drivers required to have a commercial driver's license (*CDL*).

- A. Your position, or the position for which you have applied, meets the criteria for inclusion in the alcohol and drug testing program mandated by DOT. It is mandatory for your continued employment in this position that you refrain from the misuse of alcohol and the use of illegal drugs and submit to alcohol and 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 an alcohol and/or drug test, or if alcohol misuse or illegal drug use is detected through a verified applicant alcohol test or positive drug test you will not be selected for the position. If selected, you will be subject to random alcohol and drug testing on an unannounced basis as a condition of continued employment.
- C. If you are currently in an Army position covered by the DOT rules, you may be subject to random alcohol and drug testing on an unannounced basis at any time following the receipt of this notice.
- D. You will be allowed individual privacy while providing the urine specimen unless there is reason to believe the specimen will be altered. The collection, handling, and testing of the urine sample will be conducted in accordance with procedural guidelines in 49 CFR Part 40. The quality of both the alcohol and drug testing procedures is tightly controlled to ensure the highest reliability. The test results will be handled with maximum respect for individual confidentiality. If a positive drug test result is received, you will be given an opportunity to discuss the results with the medical review officer and present information concerning a legitimate explanation for the confirmed positive test before any administrative action is taken.
- E. If you refuse to submit to an alcohol or drug test, you will be subject to a range of administrative actions for failure to meet the condition of employment. If illegal use is detected through a verified positive drug test result and or your breath alcohol test exceeds alcohol prohibitions, you will be promptly removed from performing your safety-sensitive functions and referred to the installation Substance Abuse Professional for evaluation and referral.
- F. You, as well as all other Department of the Army employees, may also be subject to testing due to reasonable suspicion as part of a safety/accident investigation or as part of a follow-up to a rehabilitation and/or counseling.
- G. Attached to this notice is information you are required to have. Additionally, your alcohol and drug testing liaison is \_\_\_\_\_ *(name and telephone number)*  
This person is the point of contact for any questions you may have about this program.

**4. ACKNOWLEDGMENT OF RECEIPT:**

Your signature below acknowledges that you have read and received a copy of this notice.

a. EMPLOYEE'S SIGNATURE	b. DATE (YYYYMMDD)
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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 (YYYYMMDD)