

**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
POLICY AND PROCEDURES**

ATTACHMENT E EMPLOYEE RANDOM DRUG TESTING NOTICE

EMPLOYEE RANDOM DRUG TESTING NOTICE

You (_____) have been randomly selected to undergo a random drug test. This random drug test is authorized under section 944.474, Florida Statutes, and the Department's Drug-Free Workplace Policy Statement.

The Department selects employees for random drug testing by a scientifically valid method such as a computer generated random number table. Each employee shall have an equal chance of being selected each time selections are made. The department randomly selects an annual minimum of five percent of those employees identified as being subject to random testing.

If you refuse to complete and sign a Drug Testing Chain of Custody form, you will be considered to have refused to submit to random drug testing. This refusal is subject to disciplinary action up to and including dismissal.

If you do not appear at the collection site within the specific time frame, you will be considered to have refused to submit to drug testing. You will subject to disciplinary action up to and including dismissal for failure to report to the collection site unless the employee provides sufficient justification for failure to appear, subject to approval by the Regional Director or equivalent level administrator.

If the test results are positive, you will be notified by the Authorizing Authority and offered the opportunity to produce valid documentation of lawful ingestion of the appropriate identified controlled substance. You must present within 10 days documentation that would provide a legitimate explanation of the positive test results, such as prescriptions or over the counter medications that may have been taken that would cause a positive result. You must submit this information to the Medical Review Officer (MRO). If the MRO determines that the positive test result is a result of legitimate prescription or over the counter medication, the MRO shall report a negative test result for the specimen.

All employees with a first positive confirmed random drug test will be given the opportunity to participate in, at the employee's own expense or pursuant to coverage under a health insurance plan, an employee assistance program or alcohol and drug rehabilitation program.

All information, interviews, reports, statements, memoranda, and drug test results (written or otherwise) received by the agency through a drug testing program are confidential communications

and will not be used or received in evidence, obtained in discovery, or disclosed in any public or private proceedings, except in accordance with the Drug-Free Workplace Act.

The names, addresses, and telephone numbers of employee assistance programs and local alcohol and drug rehabilitation programs are available in each department regional/circuit office and will be provided to employees on request.

Any questions regarding this drug testing policy statement should be directed to the department's Human Resources office.

I hereby understand the conditions of random drug testing.

Name

Date

**CC: Employee
File**