

**EMPLOYEE NOTICE  
VOLUNTEERING FOR RANDOM DRUG TESTING**

**To:**           **General Manager**

**From:**           \_\_\_\_\_   
                  Print Employee Name & Badge #

**Position Title:** \_\_\_\_\_

**Division:** \_\_\_\_\_                   **Section:** \_\_\_\_\_

The Consolidated Commission on Utilities (CCU) Resolution No. 27-FY2019, approved the implementation of GWA's (revised) Drug and Alcohol-Free Workplace Policy (DAFWP), effective 01 October 2019.

This notice will acknowledge my participation to willingly be included in the Test Designated Position (TDP) random drug testing pool. I understand Random Drug Testing will be based on the entire population of GWA list of employees holding such TDPs. Every employee under this category of testing, will have an equal chance to be tested each quarter. My voluntary participation in the random drug test pool is subjected to any/all TDP procedures in accordance with the GWA DAFWP.

A confirmed positive test result reported by the laboratory will be reviewed by the Medical Review Officer (MRO). If the medical review officer (MRO) determines and certifies my explanation for use of over-the-counter or prescription drugs is of reasonable cause, the test result will be communicated to Guam Waterworks Authority as negative. In the event the MRO determines and certifies my explanation for the use of over-the-counter or prescription drugs as true positive, I shall be immediately shall immediately be relieved from duty, surrender any property of the Authority, placed on unpaid administrative leave of absence, pending disciplinary action.

Once my name is included in the random drug testing pool, I shall remain a participant until a request to be removed is initiated. At any time, you may submit a written and signed request to the General Manager cancelling your voluntary participation in the random drug testing pool. Your name will be removed upon approval by the General Manager.

By acknowledging receipt of this notice, the employee provides consent to any and all testing required to comply with section IV (I), Random Testing of the GWA Drug and Alcohol-Free Workplace Policy.

**EMPLOYEE INFORMATION:**

I acknowledge receipt of this notice, read and understood its contents. I voluntarily and willingly wish to participate without pressure, intimidation or harassment, on the part of management to be included in the random drug testing pool until I request otherwise. I understand that failure to adhere to the terms of this notice will be subject to immediate termination.

**Date of Birth:** \_\_\_\_\_ **Social Security # (last 4): XXX-XX-** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HUMAN RESOURCES:**

\_\_\_\_\_  
DAFWP Representative (Print Name)

\_\_\_\_\_  
Signature and Date

Zina Pangelinan-Charfauros  
Personnel Services Administrator

\_\_\_\_\_  
Signature and Date

Miguel C. Bordallo, P.E.  
General Manager

\_\_\_\_\_  
Signature and Date