

Notice & Acknowledgement Return to Duty Drug Testing

To: _____
Print Employee Name & Badge #

From: **Miguel C. Bordallo, P.E., General Manager**

Via: _____
Print Supervisor Name & Badge #

Subject: **Return to Duty Drug Testing**

Date: _____

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. In accordance with Section IV (3), Return to Duty Drug Testing, requires employees who are absent from work without approval for more than fifteen (15) calendar days to undergo drug testing. GWA Human Resources DAFWP coordinator has been notified by your supervisor of your return to work, without authorization and therefore, must undergo drug testing immediately and not authorized to perform work duties.

In the event a urine specimen tests positive, the employee will be given an opportunity to provide a legitimate medical explanation. If the medical review officer (MRO) determines and certifies that the employees's 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. Any employee who tests positive shall immediately be relieved from duty, surrender any property of the Authority, placed on paid administrative leave, and sent home pending disciplinary action.

Refusal to participate in a drug test or failure to report for testing will be considered the equivalent of receiving a confirmed positive test result. This refusal is a conclusive violation of the Guam Waterworks Authority's Drug and Alcohol-Free Workplace Policy and will subject the employee to immediate termination.

By acknowledging receipt of this notice, the employee provides consent to any and all testing required to comply with section IV (3), Return to Duty Drug 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 admit to participate without pressure, intimidation or harassment, on the part or management in signing this agreement. 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- _____

Position Title: _____

Division: _____ **Section:** _____

Employee Signature: _____ **Date:** _____

Reporting Supervisor/Manager: _____
Print Name & Badge #

Signature & Date

HUMAN RESOURCES:

DAFWP Representative (Print Name)

Signature and Date

Zina Pangelinan-Charfauros
Personnel Services Administrator

Signature and Date

<i>For Human Resources Use Only</i>	
Date of scheduled drug test	
Date of Results	
Results (negative/positive)	

HR Notes (as necessary):

