

Gloria B. Nelson Public Service Building 688 Route 15, Mangilao, Guam 96913

CONSENT AND ACKNOWLEDGEMENT Pre-employment/Promotion

Test Specimen and Substances:

In accordance with the GWA's Drug and Alcohol-Free Workplace Policy (DAFWP), test specimen collection involves an analysis of a urine sample. This test will be performed by a certified, licensed forensic laboratory.

The purpose of the test conducted will be to test for the presence of the following:

- Marijuana/Cannabinoids (THC);
- Cocaine Metabolites;
- Opiates:
- Phencyclidine (PCP;
- Amphetamines/Methamphetamines:
- Barbiturates: and
- Other new forms of controlled substances that become available.

Refusal to Undergo a Drug Test:

I understand that refusal to consent to a drug test or failure to appear at the designated site for testing will be in clear violation of the Authority's DAFWP procedures. Refusal to participate in a drug test will be considered the equivalent of receiving a confirmed "positive" test result for employment and subject to have my offer rescinded and/or immediate termination. Furthermore, after three (3) unsuccessful attempts to contact me for a scheduled drug test, GWA reserves the right to rescind the conditional offer of employment.

Positive Test Results Procedures:

I understand that if I should receive a positive test result, the licensed Medical Review Officer (MRO) will make reasonable efforts to contact me to discuss the test result before reporting his/her analysis to GWA as a confirmed "positive" drug test. If the MRO

verifies and confirms a positive drug test result, I give consent to the MRO to send the verified result to the GWA.

Release of Test Results:

I acknowledge that my drug screen test results are available for review by the MRO and the GWA to determine whether I am in violation of drug testing policies. This consent and acknowledgement form will be valid until revoked by me in writing.

Contesting a Drug Test Result:

I understand that should I choose to contest my drug test result; I must submit a Contest/Appeal form to the Guam Waterworks Authority within ten (10) business days from receipt of the confirmed "positive" test result. I acknowledge and agree that should I request to undergo a retest, the same urine sample will be used and the cost of the contested result will be at my own expense. Full payment must be made to the Guam Waterworks Authority within ten (10) business days before any retest could be authorized and performed.

Consent & Acknowledgement:

By signing this form, I acknowledge and agree to comply Guam Waterworks Authority's Drug and Alcohol-Free Workplace Program policy and procedures.

Print Applicant or Employee N	ame Signature o	f Applicant or Employee	
Last four (4) digits of SS#: XXX	(-XX	Date of Birth:	
(,)			
	Today's Date		
Contact #s:			
1			

For Human Resources Use Only				
Date of scheduled drug test				
Date(s) applicant/employee contacted				
Date of Results				
Results (negative/positive)				
HR Notes (as necessary):				