

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE TO EMPLOYEE
WHOSE POSITION IS DESIGNATED SENSITIVE
FOR DRUG TESTING PURPOSES**

I acknowledge receiving notice of the establishment of the Federal Bureau of Prisons' employee drug testing program. I understand that I may be selected for screening by urinalysis testing for the presence of controlled substances. I understand that a confirmed positive result of that testing or refusal to submit to testing may result in disciplinary action up to and including dismissal from Federal service. I further understand that I will have an opportunity to submit medical documentation to the Medical Review Officer to support my legitimate use of a drug. I further understand that, in the event of a positive test result, I may request a portion of the original sample to be retested at another NIDA certified laboratory of my choice.

I have read the notice announcing the establishment of an employee drug testing program. I also acknowledge that I have received a copy of the Bureau of Prisons' Program Statement on employee drug testing.

Printed or Typed Name

Signature of Employee

Date