Reissue
November 1998

DEFENSE CONTRACT AUDIT AGENCY

30 DAY NOTICE OF COMMENCEMENT OF RANDOM DRUG TESTING PROGRAM
(CONDITION OF EMPLOYMENT STATEMENT)

CURRENT DCAA EMPLOYEES ENTERING/OCCUPYING TESTING DESIGNATED POSITIONS IDENTIFIED UNDER THE DRUG-FREE WORKPLACE PROGRAM

SECTION A - REQUIREMENTS

As a current employee of the Defense Contract Audit Agency (DCAA) who is applying for placement in/occupying a testing-designated position identified under the DCAA Drug-Free Workplace Program and affirmed by the Office of the Secretary of Defense as critical to national or internal security or to the protection of persons or property, you are required to read and sign this statement as a condition of employment. If you are presently assigned to a position identified as non-critical under the Program and you are applying for placement in a position identified as critical, your failure to sign and accept the conditions stated herein will result in your non-selection for the critical position. If you are presently assigned to a critical position and refuse to sign and accept the conditions of this statement, you may be voluntarily or involuntarily reassigned or demoted to a non-critical position or removed from the Federal Service, as appropriate. If you sign this statement and later refuse to submit to urinalysis testing you may be non-selected, reassigned, demoted, or removed from the Federal Service in accordance with applicable regulations and procedures.

For as long as you occupy a testing-designated position in DCAA, you must be willing to submit, on a random, unannounced basis, to periodic urinalysis testing prescribed by the DCAA Drug-Free Workplace Program. You must also remain willing to submit to testing when there is probable cause to believe that you are under the influence of illegal drugs, or in conjunction with the conduct of an official investigation in relation to a death or a serious injury sufficient to require medical care, or damage to government or private property or a vehicle estimated to be in excess of $10,000. To assure the validity of all tests, a designated individual of your same gender will stand nearby while you privately provide the urine specimen.

The detection of illegal drug use through confirmed positive urinalysis test results may be cause for a determination that you have failed to meet the conditions necessary for continued employment in a testing-designated position. Medically prescribed drugs authorized by a physician and confirmed by appropriate evidence are excluded from such determinations. The results of urinalysis test will be used only for clinical and authorized administrative purposes.

Under Executive Order *12564*, DCAA is required to initiate disciplinary or adverse action against any employee found to use illegal drugs except that when an employee (1) voluntarily admits his or her drug use; (2) completes counseling and/or rehabilitation; and (3) thereafter refrains from illegal drug use, discipline or adverse action may not be required.

A verified positive drug test on an employee who voluntarily requested testing will not usually result in disciplinary or adverse action being taken against the employee. However, the decision whether to discipline or take adverse action against an employee who is complying with above provisions will be made by the cognizant Regional Director or Deputy Regional Director on a case by case basis. Although an absolute bar to discipline or adverse action cannot be provided for certain positions because of their extreme sensitivity, the fact that the employee has voluntarily come forward will be considered.

Since the key to these provisions' rehabilitative effectiveness is an employee's willingness to admit his or her problem, the provisions of this section of the plan will not be available to an employee who is asked to provide a urine sample when required, or is found to have used illegal drugs, and who thereafter requests protection under this provision.

You are entitled to any additional and reasonable information or clarification you desire prior to signing this agreement. A copy of the signed agreement should be kept by you and by your supervisor. The original signed copy will be maintained in the Human Resources Management Division.

SECTION B - AGREEMENT

By my signature below, I certify that I understand the content of the policy described above and the reasons therefor, and I agree to adhere to the terms of this policy as a continuing condition of my employment in DCAA positions to which this agreement applies.

_____	_____	_____
Applicant/Employee Name (Print/Type)	Date Signed	Applicant/Employee Signature