$\frac{DRUG\ ABUSE\ SCREEN\ -\ APPLICANT\ AUTHORIZATION}{THIS\ IS\ A\ CONFIDENTIAL\ DOCUMENT}$

Applicant's Name:		Social Security #: XXX-XX-
Classification:		JobAps Easy ID #:
Agency/Institution:		Appropriation Code:
•	Č ,	MAR) 17.04.09, Testing for Illegal Use of Drugs, I am directing you to r State employment. The collection will take place as follows:
Collection Location:		
Collection Date:		Time of Collection:
At the time of the collection, you v State-issued identification card or a	1 1	eent positive identification in the form of a valid photo driver's license, a identification card.
		92128, will conduct the test, and the specimen will be screened for the ease check the box of the appropriate panel below:
☐ Non-Regulated 6 P	Panel (without Marijua	ana/Cannabinoids)
Amphetamines	Benzodiazepines	Phencyclidine (PCP)
Barbiturates	Cocaine	Opiates
		~ OR ~
☐ Non-Regulated 7 Page 1	anel - Sworn Police O	fficers/Public Safety (with Marijuana/Cannabinoids)
Amphetamines	Benzodiazepines	Phencyclidine (PCP)
Barbiturates	Cocaine	Opiates Marijuana/Cannabinoids
		nt, you will be disqualified from consideration for the position for which from the eligible list for all sensitive positions or positions in sensitive
<u>IF YOUR T</u>	CEST YIELDS A VER	RIFIED LABORATORY POSITIVE RESULT:
		nd give you an opportunity to present information to establish a legal will make three attempts to contact you within 48 hours of receipt of
		for a position in a sensitive classification or a sensitive position, all Director to notify your current appointing authority of a verified
3. Verified laboratory positive test sensitive classifications.	results will disqualify	you from State employment in sensitive positions or positions in
Department of Health and Huma	an Services certified lal	e original specimen. The retest must be performed by a U.S. boratory that has been licensed in accordance with the laws of oratories from which to make your selection. You are responsible for all
5. You have the right to appeal any within five workdays of your red		a positive test by writing to the Department of Budget and Management on.
Agency Technical Representative:		Date:
Applicant/Applicant-Employee:		Date:

Original - AGENCY ATR • Copy - APPLICANT

• Copy - COLLECTION REPRESENTATIVE