



**RECEIPT/ACKNOWLEDGEMENT
30 DAY NOTICE OF DRUG TESTING**

1. I _____ (print name), certify that I have read and understand SECNAV's General Implementation Notice of Drug Testing for New Employees under the Department of Navy Drug-Free Workplace Program (DFWP) of 13 December 2005 and Executive Order 12564.
2. If the position that I am occupying is designated as a Testing Designated Position (TDP), I understand that I can be subjected to random drug testing no sooner than 30 days from receipt of this notice.
3. I understand that all DoN employees may be selected for random drug testing when there is reasonable suspicion to believe that I may be using drugs, or as the result of a safety mishap, or as part of or follow-up to rehabilitation.
4. I also understand that refusal to submit to testing will result in initiation of disciplinary action, up to and including removal.
5. I acknowledge receipt of the SECNAV General Implementation Notice of Drug Testing and 30 day notice of drug testing and have read the contents.

Signature

Date

**Return this acknowledgement to SP14 Drug Program Coordinator
no later than two (2) days from receipt of this form.**