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*I, \_\_\_\_\_, an employee of the Department of General Services, hereby certify that I have received a copy of the final notice that my position has been designated as sensitive under the State's substance abuse rules. I understand that I may be tested for drugs or alcohol if there is a reasonable suspicion that I am under the influence while at work or on standby.*

*I also understand that if I am tested and the results are positive, a determination will be made by management concerning what action will be taken. Administrative options may include the State Employee Assistance Program (EAP), rehabilitation, medical review/action, and adverse action to and including dismissal from state service.*

*I have been informed that the Department has implemented an EAP program to provide counseling, problem identification and referral assessment.*

SIGNATURE	DATE
CLASSIFICATION	OFFICE