



Acknowledgement of Alcohol Testing

Date: / / 20

To:

**From: Larry Blankenship
Director, Human Resources**

In accordance with the Georgia Department of Natural Resources Standard Operating Procedure HR202, you are directed to submit to the following alcohol test:

- Random
- Reasonable Suspicion
- Return to Duty
- Post-Accident
- Follow-up

You are required to report to the testing site indicated by the stated report time specified on the Order for Testing. Review and comply with the donor instructions on the Order for Testing.

Section 1

You are advised that if:

- A. You expressly decline to submit to alcohol testing; or
- B. You fail to appear at the collection site by the stated report time; or
- C. You engage in conduct that clearly obstructs the testing process; or
- D. You leave the collection site before attempting to provide an adequate breath for alcohol testing.

The test will be declared “refused” and you will be dismissed.

Section 2

You are advised that if:

You fail to provide adequate breath for alcohol testing without an acceptable medical reason;

The test will be declared “refused” and the actions described in Section 4 below will be taken:

Section 3

You are advised that if:

Your test indicates an alcohol concentration of 0.02 percent or greater;

The test will be declared “failed” and the actions described in Section 4 below will be taken:

Section 4

Classified employees who refuse testing as indicated in Section 2 or whose Alcohol Confirmation Test indicates an alcohol concentration of 0.02 percent or greater will be immediately removed from duty and placed on Suspension with Pay immediately pending receipt of the official laboratory report and additional disciplinary action.

Unclassified employees who refuse testing as indicated in Section 2 or whose Alcohol Confirmation Test indicates an alcohol concentration of 0.02 percent or greater will be immediately removed from duty and placed on Suspension without Pay immediately pending receipt of the official laboratory report and additional disciplinary action..

I certify that I have read and understand the information contained in this document. I certify that I have received, read and understand the ‘Order for Testing’. I understand that if I refuse to sign this form, refuse to take the alcohol test, fail to appear at the collection site by the stated report time, fail to successfully complete the testing process, or receive a verified alcohol concentration of 0.02 percent or greater, I will receive disciplinary action, up to and including dismissal. I also understand that, if dismissed, I will be disqualified from state employment for a period of two years from the date of notification.

Employee’s Signature

Printed Employee Name

Date

NOTE: Return this signed form to the DNR Alcohol Testing Coordinator in the Office of Human Resources.