

# NOTIFICATION OF DRUG TESTING PERIOD

**Drug Testing must be completed within 48 hours of employment offer. Failure to do so will result in withdrawal of offer, even if results are negative after 48 hours.**

**PRINT NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**AGENCY** \_\_\_\_\_

**DIVISION/SECTION** \_\_\_\_\_

**JOB TITLE** \_\_\_\_\_

**POSITION NUMBER** \_\_\_\_\_

**START DATE** \_\_\_\_\_

**HR ANNOUNCEMENT #** \_\_\_\_\_  
(Classified Positions Only)

**DATE** \_\_\_\_\_

**TIME** \_\_\_\_\_