

**CHAPTER 792
FEDERAL EMPLOYEES'
HEALTH AND COUNSELING PROGRAMS**

**SUBCHAPTER 2
DRUG-FREE WORKPLACE PROGRAM**

**APPENDIX C
REQUEST FOR VOLUNTARY DRUG TESTING**

12792
Code 43
_____ (Date)

MEMORANDUM

From: _____ (Name of Requester)
To: Drug Program Coordinator, Human Resources Office, Norfolk
Via: _____ (First Line Supervisor)

Subj: REQUEST FOR VOLUNTARY DRUG TESTING

1. I voluntarily request to be included in the pool of Testing Designated Positions (TDP's) subject to random testing. This decision has been made without any management coercion or pressure. I understand I will be subject to the same conditions and procedures as an employee in a TDP. I also understand that I may withdraw from inclusion in the random testing pool at any time upon submission of a written statement.

2. The following information is provided in support of this request:

a. NAME: _____

b. SOCIAL SECURITY NUMBER: _____

c. GENDER: _____ M _____ F

d. POSITION TITLE: _____

SERIES AND GRADE: _____

e. ORGANIZATION: _____

f. DUTY STATION: _____

(EMPLOYEE'S SIGNATURE) (DATE)

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INTENTIONALLY LEFT BLANK