

COLLECTOR INSTRUCTIONS:

Facility Number

1. Use Alere supplied, NON-DOT-regulated chain of Custody form with facility number _____.
2. Complete the blank spaces of the facility number on the Chain of custody form with the 6-digit agency code.

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**State of Kansas
DRUG SCREENING PROGRAM**



**ACKNOWLEDGMENT FORM
NON-KDOT**

As a candidate for a designated position, or an employee in a designated or correctional facility position with the State of Kansas, I hereby acknowledge that I am scheduled to undergo a drug screen test. The drug screen test will involve an analysis of a urine sample which I will provide at a designated collection site. The purpose of the screen will be to test for the presence of the following substances: marijuana, cocaine, PCP, opiates and amphetamines. I acknowledge that the drug screen test result will be made available to the Director of the Office of Personnel Services, Department of Administration, and to the agency to which I have applied for employment or where I am currently employed by the State. As a candidate, I am aware that my conditional offer of employment in a designated position will be rescinded should I receive a confirmed positive test result or the equivalent, or fail to report to the collection site as scheduled. As an employee with permanent status, I am aware that if I refuse to undergo treatment, or if I have received a previous positive test result or the equivalent, I may be subject to disciplinary action in accordance with Civil Service Guidelines. I will present a copy of this form to the Collection Site when I report for my scheduled drug screen test.

Please Check One: Candidate ___ Employee ___

Name: _____

Soc.Sec.No.: _____

Position No.: _____

Agency Name: _____

Agency Number: _____

(Signature of Candidate or Employee)

Date

(Signature of Supervisor or Agency Representative)

Date