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.

State of Kansas
DRUG SCREENING PROGRAM

ACKNOWLEDGMENT FORM
NON-DOT 10 Panel

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, amphetamines, heroin, hydrocodone, ecstasy/molly and oxycodone. 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 As a candidate, I am aware that my conditional offer of employment in a designated position will be rescinded should I receive a confirmed positive test result or the equivalent, or fail to report to the collection site as scheduled.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

DA-416 Original to OPS, Copies to Agency, Candidate or Employee, and Collection Site
09/20/2024Panel