

State of Kansas  
DRUG SCREENING PROGRAM



**AFFIRMATION OF POLICY FORM**  
**NON-KDOT**  
**Statement of Policy**

The State of Kansas is committed to a drug-free workforce to protect the safety of workers and the public. The State administers a drug-screening program with strict policies and procedures in place to ensure its accuracy and integrity.

It is the policy of the State of Kansas that candidates given a conditional offer of employment for a designated position take a drug screen to show they are drug free. In order to protect the safety of workers and the public, no candidate whose test shows illegal drug use will be employed by the State in a designated position.

It is the policy of the State of Kansas that employees in designated or correctional facility positions may be required to take a drug screen to show they are drug-free if there is reasonable suspicion of illegal drug use. The State will give current employees with permanent status an opportunity to rehabilitate and return to their jobs as productive members of the workforce. Current employees who do not rehabilitate or who have a second test which shows illegal drug use may be disciplined in accordance with the Civil Service Act.

It is the policy of the State of Kansas to inform candidates and employees of drug screening programs prior to drug tests being conducted. The state will consider drug screening results and medical information provided by candidates and employees as confidential.

**Affirmation of Policy**

As a candidate for a designated position, or an employee in a designated or correctional facility position, I affirm that I have read and understand the meaning of the above statement of policy regarding the State's Drug Screening Program. As a candidate, I am aware that an offer of employment is conditional upon the results of a drug screen. As an employee in a designated or correctional facility position, I am aware that I may be required to undergo a drug screen based upon reasonable suspicion, that I will be informed prior to the drug screen, and that I may be referred to an education and treatment program depending on the results of the drug screen.

**Please Check One:** Candidate  Employee

**Please Check Reason for Test:** Pre-employment  Pre-Duty   
Reasonable Suspicion  Return-To-Duty   
Follow-up

Name: \_\_\_\_\_

Soc.Sec.No.: \_\_\_\_\_

Agency Position No.: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency No.: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Candidate or Employee)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature of Supervisor or Agency Representative)

\_\_\_\_\_  
Date

**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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**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 a 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