

**ACKNOWLEDGEMENT OF RECEIPT OF "NOTICE OF RANDOM DRUG TESTING UNDER THE
DEPARTMENT OF THE NAVY DRUG FREE WORKPLACE PROGRAM"**

I acknowledge receipt of this letter and have read its contents. I understand that I may be selected for random drug testing. I may also be tested when there is reasonable suspicion to believe that I may be using drugs, or as the result of a safety mishap or accident, and as part of or follow-up to rehabilitation. I also understand that refusal to submit to testing will result in initiation of disciplinary action, up to and including removal from Federal Employment.

Print Name

Signature

Date