

Fresno Regional Workforce Development Board

WIOA Drug Testing Disclosure Form

I, the undersigned, understand that I must be drug-free to receive WIOA Title I funds to support my third party training program. To that end I understand I must submit to a five-panel drug screen at a testing site, specified by the Workforce Connection office, by the date specified on the Drug Test Authorization Form.

I also understand that I must present a government issued photo ID at the time of the testing.

I have received the following document for my records:

- Fresno Regional Workforce Development Board (FRWDB) WIOA Drug Testing Disclosure Form
- Authorization for Examination form which screens for the Five-panel drug screening for:
 - Marijuana
 - Cocaine
 - Opiates
 - Amphetamines/Methamphetamines
 - Phencyclidine
- Name, locations and contact information for the Drug screening facility
- Substance Abuse Treatment Reference Guide

I have received a copy of the Drug Testing Authorization Form that I must take to the drug screening facility.

I also understand that I will not be eligible to receive any training until the results of the drug screen has been received by FRWDB staff or Workforce Connection staff.

Sanctions for Testing Positive for Controlled Substances

I understand that if I test positive for any controlled substance, I will be sanctioned from receiving WIOA Title I – funding training through the Workforce Connection for the following periods:

- Upon the first positive drug screen, I understand I will be sanctioned from receiving any WIOA funded training-level services for a period of sixty (60) days from the date of the positive/fail drug screen, or
- One (1) calendar year following a second positive drug screen.
- I understand I am eligible for reinstatement to the WIOA training program following the period of sanctioning and verification of a completed substance abuse program and have a negative/pass drug screen at that time.

Appeal Rights

I understand I have the right to appeal the results of the drug screen by submitting an appeal in writing within thirty (30) calendar days of a positive test to the following address.

I understand my appeal letter should include the following information:

- Date and location of drug screen
- Copy of drug screen results
- Basis of appeal

Participant Printed Name

Participant Signature

Date

WFC Staff Printed Name

WFC Staff Signature

Date