

TO: Camp Good Days Employees
FROM: Tamara Federico
SUBJECT: Employee Drug Testing

Since July 1993, Camp Good Days and Special Times, Inc., has utilized a random drug-testing program. The testing program will affect all full and part-time employees and is required as part of the employment requirements with Camp Good Days.

A qualified medical laboratory under conditions that will most likely insure the absolute accuracy of any testing will conduct the testing. Any employee who receives a positive test result that he or she may believe to be erroneous will be offered the opportunity for an immediate re-test. All initial test and re-test will be at Camp Good Days expense. Individuals who test positive will be reviewed on a case-by-case basis.

We appreciate your cooperation and assistance in continuing this program. Camp Good Days and Special Times, Inc may not hire individuals who chose not to participate in the Drug Testing Program. Feel free to call me with any questions, concerns or suggestions for conducting this program and you must return a copy of this memo, signed and dated.

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY NUMBER: ____ -- ____ -- ____

I _____ agree to participate in the Drug Testing Program of Camp Good Days and Special Times, Inc., as part of my employment with Camp Good Days.

SIGNATURE: _____ DATE: _____