
DRUG-FREE WORKPLACE POLICY

EMPLOYEE ACKNOWLEDGEMENT FORM

I, _____, an employee of the Hancock County Board of Education, hereby certify that I have received a copy of the Board's policy regarding the maintenance of a drug-free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace or on Hancock County Board of Education property or in any vehicle owned or operated by the Hancock County Board of Education and violation of this policy can subject me to discipline up to and including termination. I realize that as a condition of employment, I must abide by the terms of this policy and will notify the Board of Education of any criminal drug conviction for a violation occurring in the workplace no later than (5) days after such conviction. I further realize that federal law mandates that the Board of Education communicate this conviction to any federal agency funding any of my work activities, and I hereby waive any and all claims that may arise for conveying this information to the federal agency.

Employee's Signature

Date

Legal References

Subtitle D Drug Free Workplace Act of 1988

Cross References

Drug-free Workplace 1.804

Drug and Alcohol Testing, Employees 5.403

Drug-Free Schools 6.307