

Peter James Development & Independent Living, Inc.

3100 E. 45th St., Suite 116

Cleveland, OH 44127

Employees Subject to Drug/Alcohol Screening

As part of the basic terms and conditions of employment, employees are to be free of illegal drugs and alcohol while performing assigned duties. All employees are prohibited from using or being under the influence of alcohol or illegal drugs while on duty. Employees are also prohibited from abusive use of legal drugs or other substances which when abused have the potential for significant risk of harm to the employee, other employees, persons served, or the general public.

It is very important that you fully understand the requirements of the Employee Drug/Alcohol Screening due to Reasonable Suspicion Policy, and the consequences that might result from violation of the policy. You are encouraged to thoroughly review this policy. Questions should be referred to your supervisor or Human Resources. The policy mandates that any employee who refuses to take a drug/alcohol screening test or whose test indicates the use of illegal drugs or alcohol, will be subject to disciplinary action up to and including dismissal. Any employee who is terminated for violation of this policy is also subject to disqualification from further state employment.

All employees of Peter James Development & Independent Living, Inc., regardless of employment status, are subject to drug/alcohol screening. An appointing authority may require any employee to submit to screening for the presence of illegal drugs or alcohol, if the appointing authority has a reasonable suspicion that the employee has used illegal drugs, or is under the influence of illegal drugs, alcohol, or other substance while on duty.

Employees are strictly prohibited from possessing or consuming illegal drugs and alcohol on state property owned, leased, or otherwise operated by Peter James Development & Independent Living, Inc.

I have read, or had read to me, the above notice and I understand that I may be required to submit to a drug/alcohol screening. My signature on this notice only acknowledges that the information in the notice has been presented to me, and does not indicate that I agree or disagree with the contents of the notice.

Employee's Name

Social Security Number

Employee's Signature

Date

If the employee chooses not to sign, have two witnesses acknowledge that the notice was presented to the employee.

Witness Signature 1

Date

Witness Signature 2

Date