

## STATE DRUG-FREE WORKPLACE ACKNOWLEDGEMENT RECEIPT

I hereby certify that I have received a copy of the **Employee Substance Abuse and Drug Free Workplace Policy**. I understand that reporting to work or performing for the State while under the influence of and impaired by illegal drugs or alcohol is prohibited. I also realize that the illegal use, possession, dispensation, distribution, manufacture or sale of a controlled substance is prohibited when I am on official state business, whether on duty or on call for duty, on or off the work site. I understand that violation of this policy may result in disciplinary action up to and including termination. I acknowledge my responsibility to notify my employer within five (5) days if I am convicted of violating any criminal drug statute at the workplace, while on official business or while on call for duty. I further realize that my employer is required by law to give notice of such conviction to any federal agency from which it receives grants or conveying this information to such federal agency.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Title: \_\_\_\_\_