

NOTICE

McIntosh Trail CSB 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 other 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, consumers 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 #3252, 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 the personnel manager. 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 McIntosh Trail Community Service Board, regardless of employment status, are subject to drug/alcohol screening. The Executive Director or designee may require any employee to submit to screening for the presence of illegal drugs or alcohol, if the program manager has 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 McIntosh Trail CSB.

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 and S.S.# _____

Employee's signature _____ Date _____

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

Witness signatures _____ Date _____

Date _____

Revised 5/99