

Drug Awareness Form

As a Federal grantee, the University, Corporation, San Francisco State hereby notifies employees that the unlawful manufacture, distribution, possession or use of a controlled substance is prohibited in the workplace. As a condition of employment, employees must abide by this policy.

Drug Free Awareness

Drug abuse in the workplace has major adverse effects on the welfare of all citizens of the United States, and it results in lost productivity each year. Employees who use illegal drugs have three to four times more accidents while at work.

Employees with drug abuse problems should seek help. Employees desiring more information on the dangers of drug abuse in the workplace and those employees needing drug counseling, rehabilitation, or other employee assistance should contact the Corporation for assistance.

Employees will be referred to the appropriate resource for available counseling, rehabilitation or other assistance.

Notice of Potential Actions for Illegal Drug Use On The Job

Penalties may be imposed upon employees for drug abuse violations occurring in our workplaces:

1. Employees must notify this employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
2. Within 30 days of receiving notice of any criminal drug statute conviction for a violation occurring in the workplace, this employer will take appropriate personnel action against such employee, up to and including termination; or
3. Within 30 days of receiving notice of any criminal drug statute conviction for a violation occurring in the workplace, this employer may require such employee to participate satisfactorily in a drug assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.

Employee Certification

Please read each of the following statements carefully, initial each statement, and sign the bottom of this form.

— I understand the drug free workplace policy

— I agree, as a condition of my employment, to abide by the terms of this program.

— I agree to notify this employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.

Employee Name (Please Print)

Employee Signature

Date
