

**CBH DRUG-FREE WORKPLACE NOTICE**

It is the policy of the County Board of Health (CBH) to provide a drug-free work place. Illegal drug use significantly impacts the work place and is a serious threat to public health, safety and welfare. CBH employees are **PROHIBITED** from engaging in the **UNLAWFUL/ILLEGAL** manufacture, distribution, dispensation, possession or use of a controlled substance in the work place or while performing assigned duties. Employees are **REQUIRED** to notify their supervisors and/or other authorized officials of **ANY** criminal drug arrests or convictions within five (5) calendar days of the occurrence. Violations of the above may result in disciplinary action, up to and including separation from employment.

As a condition of employment, while in the work place or performing assigned duties (including work time while in travel status), employees are:

- required to be free of illegal drugs;
- prohibited from abusive use of legal drugs or other substances, which create the potential for significant risk of harm to themselves or others;
- prohibited from using someone else’s prescription drugs since it is against the law;
- required to be free of alcohol; and
- prohibited from possessing or consuming alcohol.

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Any CBH employee may be required to submit to alcohol and/or drug testing due to reasonable suspicion. In addition, based on your position, **you** are subject to be tested based on the following:

*(Supervisor or other authorized official is to check appropriate blocks before giving to employee.)*

- Pre-employment* (drug testing only)
- No additional alcohol and/or drug tests*

Drug testing is conducted for the presence of the following illegal drugs:

marijuana/cannabinoids (THC), amphetamines/methamphetamines, cocaine, phencyclidine (PCP), opiates

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***Alcohol Testing and Results***

Employees who refuse to submit to alcohol testing when directed will be immediately separated from employment. Employees whose test shows the presence of alcohol are subject to disciplinary action, up to and including separation from employment. In addition, when employees are separated, future employment with CBH could be jeopardized. A determination of appropriate action regarding alcohol testing will be made on a case-by-case basis.

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***Drug Testing and Results***

CBH employees who refuse to submit to drug testing when directed, or whose test result indicates an illegal drug(s), **will be immediately separated** from employment and **will not be eligible** for future employment with CBH for a period of two (2) years.

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Individuals currently employed with State government outside of CBH who refuse pre-employment drug testing, or whose test result indicates an illegal drug(s), will not be employed by the Department and **will not be eligible** for future employment with CBH for a period of two (2) years.

Applicants not currently employed with State government who refuse pre-employment drug testing, or whose test result indicates an illegal drug(s), will not be employed by the Department and will not be eligible for **any State employment** for a period of two (2) years.

Please refer to CBH/Personnel Policy #1302 for more specific information regarding the alcohol and drug testing programs.

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*Assistance*

The County Board of Health is willing to assist employees with alcohol and/or drug-related problems. Employees **must** advise their supervisors or other authorized officials in writing of the need for assistance **prior** to being notified of required testing and prior to being arrested for a criminal drug offense. Employees may also seek assistance with alcohol and/or drug-related problems through their health insurance providers or health maintenance organizations.

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**ACKNOWLEDGEMENT**

I understand that I must abide by the conditions outlined in this notice. I will notify my supervisor, appropriate personnel representative or other authorized official of any criminal drug arrest or conviction within five (5) calendar days of the arrest or conviction. I realize that Federal law may require that my employer communicate conviction information to a Federal agency.

I also understand that I am to be free of alcohol and illegal drugs in the work place or while performing assigned duties. I have been advised that I will be subject to the alcohol and/or drug tests indicated on this notice.

Applicant/Employee's Name (Please Print) \_\_\_\_\_ SSN \_\_\_\_\_

Applicant/Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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*This signed form will be placed in your official personnel file.  
Questions should be directed to your supervisor or other authorized official.*