

You can adapt this document to your program's needs by inserting program-specific information in the <<bracketed areas>>

M E M O R A N D R U M

To: ALL <<Program>> STAFF

From: <<Designated staff member>>

Date: <<Date>>

Re: <<Program name>> Drug-Free Workplace Policy

<<Program name>> has regulatory requirements under some of our government contracts. One of the requirements is that we establish a formal drug-free workplace policy, a copy of which is attached. In addition, we must document that every employee is aware of the policy.

Please read and acknowledge receipt of the attached policy by signing and returning to me for inclusion in your personnel file.

<<Program Name>> MEMBERS DRUG-FREE WORKPLACE POLICY

It is the policy of <<program name>> to maintain a workplace that is free from the effects of drug and alcohol abuse. All members are prohibited from the use, sale, dispensing, distribution, possession, or manufacture of controlled substances, and from abusing alcohol. Drug use and alcohol abuse in the workplace reduces effective job performance, increases absenteeism, and endangers safety.

Any member who violates this policy will be subject to disciplinary action, which may include suspension, dismissal, or other appropriate personnel action. The individual may also be required to participate satisfactorily in an approved drug abuse assistance or rehabilitation program.

Members will be assisted in seeking treatment. Members who seek referrals to local rehabilitation and counseling programs should contact the <<Program>> Director at <<phone number>>.

As a condition of service, and continued service, all members must abide by this Drug-Free Workplace Policy, and must notify the program of any criminal drug statute charge, arrest, or conviction occurring in the workplace no later than five days after such charge, arrest, or conviction. Notices should be sent to: <<Program director, program name, program address>>.

Signature

Date