SUBSTANCE ABUSE POLICY AGREEMENT

READ BEFORE SIGNING

I, ___________________________ have read the SUBSTANCE ABUSE POLICY.

I understand that the following violation of the SUBSTANCE ABUSE POLICY will result in disciplinary action up to and including discharge:

A. Use, consumption, or presence in the body of alcohol (Above 0.04%) or illegal substance during working time.

B. Abuse, misuse, sale or distribution of prescription drugs, controlled substance, over-the-counter medication, or other substances during working time.

C. Possession, use, sale, or distribution, or concealment of illegal substance devises to use illegal substances during working time or in the work place, or on CITY OF HAMMOND’S property including vehicles.

I agree to cooperate in (for reasonable suspicion or periodic) testing for testing for the presence of alcohol and drugs in my system.

I fully understand that compliance with the SUBSTANCE ABUSE POLICY is a condition of employment, and that if I violate the policy or refuse to cooperate with the test procedures, that I am subject to disciplinary action up to and including discharge.

I acknowledge that I have been given a copy of the SUBSTANCE ABUSE POLICY to read.

I AGREE TO FOLLOW THE SUBSTANCE ABUSE POLICY.

DO NOT SIGN IF YOU HAVE NOT READ THIS AGREEMENT.

_________________________  ___________________________
Date/Time                     Applicant/Employee