

## **SUBSTANCE ABUSE POLICY AGREEMENT**

### READ BEFORE SIGNING

I, \_\_\_\_\_ have read the SUBSTANCE ABUSE POICY.

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 ABUSTE 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