

EPIC Head Start / Pre-K
DRUG-FREE WORKPLACE VERIFICATION STATEMENT

Name: _____

Employee Identification Number: _____

Address: _____ Telephone Number: _____

I, _____, certify that I have received a copy of the EPIC Drug-Free Workplace policy.

As an employee of the EPIC EHS/HS/Pre-K program, I agree to comply with this Drug-Free Workplace Policy, which states that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance and/or alcohol is prohibited in the workplace. Additionally, I shall not report for work while under the influence of alcohol and /or an illegal drug.

The workplace shall be defined as a work site where work is performed in connection with the employee's EPIC employment. The workplace shall include but not be limited to facilities, property, buildings, offices, structures, automobiles, trucks, trailers, other vehicles, and parking areas, whether owned or leased by the agency or entity.

The policy is applicable while employees are engaged in any work-related activity, which includes performance of agency business during regularly scheduled workdays, meal breaks, and/or occasions having an official connection with the job or the agency.

In addition, I understand that, as a condition of employment, I shall notify my supervisor of a criminal drug or alcohol violation occurring in the workplace or conviction outside of the workplace, no later than five days after such violation or conviction occurs.

Employee Signature

Date