



EMPLOYEE CERTIFICATION

DRUG-FREE WORKPLACE

EMPLOYEE NAME: _____

JOB TITLE: _____

DEPARTMENT: _____

I understand and acknowledge that the University of West Georgia, in compliance with the federal Drug-Free Workplace Act of 1988, has a Drug-Free Workplace ("Policy"), and in accordance with that Policy, the University:

1. PROHIBITS the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace.
2. SHALL SANCTION violations of this Policy by:
 - a) Instituting the appropriate action(s) up to and including dismissal, in accordance with appropriate University disciplinary procedures;
 - or
 - b) Requiring satisfactory participation in an approved drug abuse assistance or rehabilitation program.
3. REQUIRES as a condition of employment that I shall:
 - a) Abide by the terms of the Policy;
 - and
 - b) Notify my supervisor, in writing, if I am convicted of a violation of a criminal drug statute where the violation occurred in the workplace, no later than five (5) calendar days after such conviction.

I certify by my signature below that I have received a copy of the Policy Statement on a Drug-Free Workplace. I understand that a condition of my employment under the grant I am required to adhere to and abide by this Policy and will notify my employer with in five (5) days of any criminal conviction for a violation of the drug statute occurring in the work place.

I will ensure that all employees on this federal grant (faculty, staff, and student) will receive a copy of the university Drug-Free Workplace policy.

SIGNATURE: _____ DATE: _____