

EMPLOYEE ACKNOWLEDGEMENT OF DRUG-FREE WORKPLACE

I have received a copy of the 'Drug-Free Workplace Act' which states that the unlawful manufacture, use, distribution, or possession of drugs or other controlled substances in the workplace is absolutely prohibited.

I further understand and agree that I must notify Fairfield County if I am convicted in a criminal court for violating any drug laws. This notification must be given no more than five days after the conviction.

I agree that my compliance with these terms of my employment is required as long as I work for Fairfield County. Failure to comply will result in discipline up to and including termination.

Print Name: _____

Date: _____

Sign Name: _____