## Procedure No. 5.1 – Supplement 1

## DRUG-FREE WORKPLACE STATEMENT

I (name) \_\_\_\_\_\_\_ agree that as a condition of employment with Atlantic Cape Community College. I will abide by the terms of this statement. "I hereby acknowledge receipt of my employer's policy of maintaining a drug-free workplace.

I hereby agree to notify my employer of any criminal drug-statute convictions for any violation occurring in the workplace no later than five (5) days after any conviction.

I hereby acknowledge that in the event of any conviction for possession, manufacture, distribution, dispensation or use of a controlled substance in the workplace I will lose any privacy rights once the conviction is final, and I hereby waive all privacy rights that I have to this information.

I hereby further authorize my employer to release any information concerning any violations by me under the Drug-Free Workplace Act in any unemployment compensation hearings, union arbitration, workers compensation, federal or state actions involving the terms of my employment, or internal college grievance or disciplinary procedures."

I have read the above, acknowledge its receipt and agree to abide by the terms thereof.

Print Name

College ID#

Employee's signature

Date

Supervisor's signature

Date