

To:

Employee/Appointee/Volunteer Name (Print)

Position Title

Agency

It is the policy of the District government to provide a drug free workplace and for all employees, appointees, and volunteers to abide by this policy. The use or possession of drugs by District employees, appointees, or volunteers in the workplace impairs the District government's ability to carry out its mission, and poses substantial dangers to employees, appointees, volunteers, clients, and the public. Drug use can cause drowsiness; loss of concentration, impairment memory and judgment; emotional and physical outbursts; distortions of reality; poor coordination and slow reaction time; and interference with the senses. Individuals who use or possess drugs in the workplace may also put themselves and those around them in danger of arrest and conviction for drug-related crimes.

Employees, appointees, and volunteers of the District government are prohibited from engaging in the unlawful manufacturing, distribution, dispensing, possession, or use of a controlled substance in the workplace; and may not use, possess, or be impaired by any drug or alcohol while on duty. Additionally, in accordance with Chapter 4 of the D.C. personnel regulations, *Suitability*, you are hereby informed that you are subject to **(1) reasonable suspicion** and **(2) post-accident or incident drug and alcohol testing**.

An employee, appointee, or volunteer who receives a positive drug or alcohol test or refuses to submit to a drug or alcohol test will be subject to disciplinary action up to and including termination in accordance with Chapter 16 of the D.C. personnel regulations or any applicable collective bargaining agreement.

This document serves as notice regarding the general information about the requirements for drug and alcohol testing. You are required to acknowledge receipt of this document by signing your name at the bottom of this document.

ACKNOWLEDGEMENT OF RECEIPT

I have read the ***Drug Free Workplace Notification*** form and, by signing my name below, acknowledge that I have been appointed to or currently occupy a position that is subject to **(1) reasonable suspicion** and **(2) post-accident or incident** drug and alcohol testing. I also acknowledge that should I test positive for drugs or alcohol during any of the above-mentioned drug and alcohol tests, I will be subject to disciplinary action up to and including termination of my employment, appointment, or volunteer relationship with the District government.

Employee / Appointee / Volunteer Name (Print)

Employee / Appointee / Volunteer (Signature)

Date Acknowledged

Serving Official Name (Print)

Serving Official (Signature)

Date Served