

PERSONNEL – ADMINISTRATIVE PROCEDURES

GENERAL PERSONNEL – Drug and Alcohol Free Workplace

Name of Employee _____

Regional Office Name and No.:

Regional Office of Education (Champaign & Ford Counties #9)

I acknowledge receipt of a copy of the Regional Office of Education’s policy 510.13, Drug and Alcohol Free Workplace.

I agree to abide by the terms of policy 510.13, Drug and Alcohol Free Workplace as a condition of employment. Furthermore, I agree to notify the Regional Office of Education or Regional Superintendent of any criminal drug statute conviction for a violation occurring in the workplace within five (5) days of such conviction.

Employee’s Signature

Witnessed by (name and title)

Date

White: Employee
Yellow: Personnel File

Approved: 07/01/01