

INDIANA STATE UNIVERSITY

DRUG-FREE WORKPLACE POLICY

The Drug-Free Workplace Act of 1988 requires the University to enact a policy for the purpose of creating and maintaining a drug-free workplace. Drug abuse in the workplace is contrary to the goals and objectives of Indiana State University. The policy of the University shall be as follows:

1. The unlawful manufacture, distribution, dispensation, possession, or use of controlled substances in any part of the University is prohibited.
2. This is a condition of employment and all employees must abide by its terms.
3. Any violation of this policy may be cause for:
 - a. Referral to the Employee Assistance Program for evaluation and assessment for possible treatment;
 - b. Participation in a drug rehabilitation program;
 - c. Suspension from duty, and/or
 - d. Termination of employment.
4. Programs will be available through the Employee Assistance Program to evaluate and inform employees about:
 - a. University policies pertaining to a drug-free workplace;
 - b. The dangers of drug abuse and
 - c. The services and assistance provided confidentially by the Employee Assistance Program.
5. Any faculty or staff member convicted of a drug statute violation arising out of conduct occurring in the workplace must notify the Office of Human Resources or the department head who in turn will notify the appropriate Vice President of the conviction no later than five (5) days after the conviction.

Failure to adhere to this policy can result in the University's ineligibility to receive any grant funds or federal contracts for up to five years.

I, (please print) _____, have read and agree to abide by the Indiana State University Drug-Free Workplace Policy and understand the sanctions and/or disciplinary measures if I am convicted of a drug statute violation occurring in the workplace. Furthermore, I agree to notify the Office of Human Resources or my department head within five (5) days following my conviction resulting from a violation, which occurred at Indiana State University.

Signature _____

Employee ID _____

Date _____