

ADMINISTRATIVE REGULATION

APPROVED: March 8, 2016

REVISED:

CENTENNIAL SCHOOL DISTRICT

351-AR-0. DRUG-FREE WORKPLACE NOTICE

Drug use in the workplace is a danger to all students and employees. District schools and property are designated by federal and state laws and Board policy and District administrative regulations as drug-free workplaces.

All District employees shall receive this notice in accordance with applicable law and Board policy.

You are hereby notified that Board policy prohibits all District employees from the unlawful manufacture, distribution, dispensing, possessing and/or use of controlled substances in District schools, facilities and property.

The District shall take appropriate disciplinary action, up to and including termination of employment and referral for prosecution, of an employee who is convicted of a drug violation. An employee who is convicted of delivery of a controlled substance or of possession of a controlled substance with the intent to deliver or sell shall be terminated from District employment.

You are further notified that as a condition of District employment, you must comply with Board policy and notify your building principal, immediate supervisor or Superintendent of your conviction of a criminal drug statute violation occurring in the workplace no later than five (5) days after such conviction.

Each employee must acknowledge that s/he has read the above statement and understands the provisions stated. Complete and sign the acknowledgement form on the following page and return it to your building principal or immediate supervisor.

Employee Acknowledgement Form

This is to acknowledge that I have received a copy of the Drug-Free Workplace Notice, and I have been informed of the Board policy prohibiting employees' drug and substance abuse in District schools and on District property. I agree to abide by Board policy and this notice in all respects.

Employee Signature

Date

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351-AR-1. RECORD OF REASONABLE SUSPICION OF DRUG/ALCOHOL ABUSE

Employee Name: _____ Date of Record: _____

Location of Observation or Source of Suspicion: _____

List reasons why individual is suspected of violating the Board's Drug/Alcohol Testing for Employees policy. Include information about what happened, who was present, and when the incident(s) occurred: _____

List of signs of impaired or unsafe performance that was observed, as well as date and time of observation: _____

If observable changes occurred in employee's performance, list changes: _____

List of physical symptoms of possible substance abuse or use that employee has manifested:
Eyes: _____
Coordination: _____
Speech: _____
Breath: _____
Other: _____

Other relevant comments: _____

Name of person reporting suspicion: _____ Title: _____

Signature: _____ Date: _____