

**CALHOUN COUNTY SCHOOLS
DRUG-FREE WORKPLACE VERIFICATION STATEMENT**

NAME: _____

SOCIAL SECURITY NUMBER: XXX-XX-_____
(Last Four Digits)

MAILING ADDRESS: _____

TELEPHONE: _____

I, _____, certify that I have received a copy of the Calhoun County Board of Education Drug-Free Workplace Policy.

As an employee of the Board of Education of the County of Calhoun, I agree to abide by the Drug-Free Workplace Policy which states that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance and/or alcohol is prohibited in the workplace. Additionally, no employee shall report to work while under the influence of any illegal drug, (Section 3.11 of the Policy), alcohol, or controlled substance, (Section 3.3 of the Policy), except if prescribed for the employee and taken as prescribed.

For purposes of this policy, "employee" shall be defined to include any person who works or provides or performs services, full-time, part-time, as a volunteer or under contract, without regard to whether the person receives or is promised any form of compensation from the Calhoun County Board of Education, including temporary staff or personnel.

The "workplace" shall be defined as any place, location, or worksite where work is performed in connection with the employee's Board of Education employment. The workplace shall include, but not limited to, all facilities, property, buildings, offices, workstations, desks, bathrooms, lockers, supply areas, structures, automobiles, trucks, trailers, other vehicles, and parking areas, whether owned, occupied, or leased by the Calhoun County Board of Education.

The policy is applicable while employees are engaged in any work-related activity, which includes performance of agency business at any time, including, but not limited to, regularly scheduled work days, meal breaks, and/or occasions having a connection with the job or the agency.

In addition, I understand that under federal law and as a condition of employment, if I am convicted of any violation of a state or federal Criminal Drug Statue for any offense committed in the workplace, I must report this conviction to the Superintendent of Calhoun County Schools within five (5) days of the conviction.

Volunteer/Employee's Signature

Date