

**ATTACHMENT "A"**

**DRUG FREE WORKPLACE  
Employee Acknowledgment Form**

As a condition of employment, I hereby certify that I have received a copy of the COMMUNITY COLLEGES OF SPOKANE (CCS) DRUG FREE WORKPLACE POLICY and related PROCEDURES. I agree that as a CCS employee I shall:

- Not report to work while my ability to perform job duties is impaired due to on- or off-duty controlled substance use,
- Not possess or use controlled substances during working hours or at any time while on district property or using district vehicles or equipment.
- Not directly or through a third party sell or provide controlled substances to any person, including any employee or student, while on-site or on-duty;
- Provide, as soon as practical, but no later than 72 hours after request, a bona fide verification of a current valid prescription for any potentially impairing drug or medication. The prescription must be in my name.
- Notify my supervisor of any criminal drug statute conviction by not later than five (5) days after conviction.

I acknowledge if I violate this policy I will be subject to disciplinary action up to and including immediate termination.

(This form will be placed into my official personnel file at the Human Resources Office)

Print Last Name: \_\_\_\_\_

College/Unit: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I certify that a copy of CCS's Drug Free Workplace Policy/Procedure was given to the above named employee (please complete "Print Last Name" above) by me and that, in my presence, the employee refused to sign this acknowledgement form:

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)

\_\_\_\_\_ (print your last name)

**Please return the completed form to Human Resources, MS 1004**