



## GEORGIA DEPARTMENT OF HUMAN SERVICES HUMAN RESOURCES POLICY #1301 A1

### ALCOHOL AND DRUG - FREE WORKPLACE NOTICE

It is the policy of the Department of Human Services (DHS) to provide an alcohol and drug-free workplace. Illegal drug use significantly impacts the workplace and is a serious threat to public health, safety, and welfare. DHS employees are **prohibited** from engaging in the **unlawful/illegal** manufacture, distribution, dispensation, possession or use of a controlled substance in the workplace or while performing assigned duties. Employees are **required** to notify their supervisors and/or their human resources representative of **any** criminal drug arrests or convictions **within five (5) calendar days** of the occurrence. Violations of the above may result in disciplinary action, up to and including separation from employment.

As a condition of employment, while in the workplace or performing assigned duties (including work time while in travel status) employees are:

- Required to be free of illegal drugs.
- Prohibited from abusing legal drugs or other substances, which create the potential for significant risk or harm to themselves or others.
- Prohibited from the illegal use of someone else's prescription drugs.
- Required to be free of alcohol.
- Prohibited from possessing or consuming alcohol.

Any DHS employee may be required to submit to alcohol and/or drug test due to reasonable suspicion. In addition, based on your position, you are subject to be tested based on the following:

- Pre-employment (drug testing only)
- Random (drug testing only)

Drug testing is conducted for the presence of the following illegal drugs:

- Amphetamines/ Methamphetamines
- Cocaine
- Marijuana/Cannabinoids (THC)
- Phencyclidine (PCP)
- Opiates

### Alcohol Testing and Results

Employees who refuse to submit to alcohol testing when directed will be immediately separated from employment. Employees whose test shows the presence of alcohol are subject to disciplinary action, up to and including separation from employment. In

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addition, when employees are separated, future employment with DHS could be jeopardized. A determination of appropriate action regarding alcohol testing will be made on a case-by-case basis.

### **Drug Testing and Results**

Employees who refuse to submit to drug testing when directed, or whose test result indicates an illegal drug(s), will be immediately separated from employment and will not be eligible for future employment with DHS for a period of two (2) years.

Applicants currently employed with State government but not DHS who refuse preemployment drug testing or whose test result indicates an illegal drug(s), will not be employed by the Department and will not be eligible for future employment with DHS for a period of two (2) years.

Applicants not currently employed with State government who refuse preemployment drug testing or whose test result indicates an illegal drug(s), will not be employed by the Department and will not be eligible for any State employment for a period of two (2) years.

Please refer to DHS Human Resources Policy #1301 for more specific information regarding the alcohol and drug testing programs.

### **Assistance**

DHS is willing to assist employees with alcohol and/or drug-related problems. Employees must advise their supervisor or human resources representative in writing of the need for assistance prior to being notified of required testing and prior to being arrested for a criminal drug or alcohol offense. Employees may also seek assistance with alcohol and/or drug-related problems through their health insurance provider.

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**ACKNOWLEDGEMENT RECEIPT**

My signature below indicates I understand and will abide by the conditions outlined in this notice and DHS Human Resources Policy #1301. I will notify my supervisor and/or human resources representative of any criminal drug and/or alcohol arrest or conviction **within five (5) calendar days** of the arrest or conviction. I realize that federal law may require that my employer communicate conviction information to a federal agency.

I also understand that I am to be free of alcohol and illegal drugs in the workplace and while performing assigned duties. I have been advised that I will be subject to the alcohol and/or drug test indicated in this notice.

**Employee Printed Name:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Organizational Unit:** \_\_\_\_\_

**Date:** \_\_\_\_\_