



I, \_\_\_\_\_, an employee of the Department of Children's Services (DCS), hereby certify that I have received a copy of the DCS policy (4.8 Drug Free Workplace) regarding the maintenance of a drug free workplace and the DCS policy (4.7 Reasonable Suspicion - Drug Testing). I realize that the unlawful manufacture, distribution, dispensation, possession or use of controlled substances are prohibited in the workplace or on state property and violation of this policy can subject me to discipline, up to and including termination.

I realize that as a condition of employment that if I am arrested or charged with any criminal drug offense, I am required to notify my supervisor no later than 24 hours after such arrest or charge.

I also realize that as a condition of employment on federal contracts, I must also abide by the terms of this policy and will notify my employer of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction. I further realize that federal law mandates that the employer communicate this conviction to the federal agency, and I hereby waive all claims that may arise for conveying this information to the federal agency.

**Employee's Name**

**Employee's Signature**

**Edison ID Number**



*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

Distribution: *Employee Personnel File*

PR-0278

Rev: 03/17

