SUBSTANCE-FREE WORKPLACE NOTICE TO EMPLOYEES

EMPLOYEES ARE HEREBY NOTIFIED it is a violation of the Substance-Free Workplace policy for an employee to unlawfully manufacture, distribute, dispense, possess, use, or be under the influence of in the workplace any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana or any other controlled substance or alcohol, as defined in Schedules I through V of section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 C.F.R. 1300.11 through 1300.15 and IOWA CODE Chapter 124.

"Workplace" is defined as the site for the performance of work done in the capacity as an employee. This includes school district facilities, other school premises or school district vehicles. Workplace also includes nonschool property if the employee is at any school-sponsored, school-approved or school-related activity, event or function, such as field trips or athletic events where students are under the control of the school district or where the employee is engaged in school business.

Employees who violate the terms of the Substance-Free Workplace policy may be required to successfully participate in a substance abuse treatment program approved by the board. The superintendent retains the discretion to discipline an employee for violation of the Substance-Free Workplace policy. If the employee fails to successfully participate in such a program the employee is subject to discipline up to and including termination.

	condition of their continued employment that they comply l notify their supervisor of their conviction of any criminal place, no later than five days after the conviction.
SUBSTANCE-FREE WORKF	PLACE ACKNOWLEDGMENT FORM
understand that if I violate the Substance-Free Wor including termination or I may be required to partic successfully participate in a substance abuse treatm to and including termination. I understand that if I program and I refuse to participate, I may be subject	anderstand the Substance-Free Workplace policy. I explace policy, I may be subject to discipline up to and cipate in a substance abuse treatment program. If I fail to nent program, I understand I may be subject to discipline up am required to participate in a substance abuse treatment ct to discipline up to and including termination. I also g offense committed in the workplace, I must report that e conviction.
(Signature of Employee)	(Date)