

ALLEGANY COUNTY POLICIES AND PROCEDURES

TITLE: Substance Abuse Policy

General Policy The County recognizes alcohol and drug abuse as potential health, safety, and security problems. The County expects all employees to assist in maintaining a work environment free from the effects of alcohol, drugs, or other intoxicating substances. Compliance with this substance abuse policy is made a condition of employment.

1. The County prohibits employees from the manufacture, possession, use, distribution, or purchase of non-prescribed drugs and intoxicants on County premises and from working under the influence of alcohol, illegal drugs, or intoxicants during working hours.
2. All employees are required to report to their jobs in appropriate mental and physical condition, ready to work. If an employee may be impaired because of taking medication according to a doctor's prescription, he is expected to discuss it with his supervisor before commencing work that day.
3. Any employee who is convicted of any violation of any criminal drug statute (including misdemeanors for a violation occurring on County property or during working time) shall notify the Human Resources Department within five (5) days of the date of conviction. A conviction includes any finding of guilty (including one agreed to by the employee) or plea of no contest and /or any imposition of a fine, jail sentence, or other penalty.
4. Any violation of this substance abuse policy will result in discipline up to and including discharge, under the County's progressive discipline policy.
5. Employees who have alcohol or drug abuse problems are strongly encouraged to seek assistance through the County's Employee Assistance Program (EAP), a local community based program, or their own physician. When work performance is impaired, however, use of this or other programs does not preclude appropriate action by the County. The County retains full and final discretion on whether, when, and under what conditions an employee may be re-employed after an instance of substance abuse.

I hereby acknowledge receipt of a copy of Allegany County's "Substance Abuse Policy".

Name: (Print) _____ (Signature) _____

Classification: _____ Department: _____

Social Security Number: _____ Date: _____

Please return signed receipt to the Personnel Department. Thank you.