

ALCOHOL AND OTHER DRUGS POLICY ACKNOWLEDGMENT

HRO 46 (11/02/2022)

Purpose: Use this form to acknowledge receipt of and compliance with the Virginia DMV's Alcohol and Other Drugs Policy.

Instructions: Give completed form to HR Consultant or HRO, Room 124.

EMPLOYEE INFORMATION

EMPLOYEE NAME

EMPLOYEE TITLE

EMPLOYEE DEPARTMENT/LOCATION

POLICY

The Commonwealth of Virginia's Policy 1.05 on Alcohol and Other Drugs states that the following acts by employees are prohibited:

- I. The unlawful or unauthorized manufacture, distribution, dispensation, possession, or use of alcohol and other drugs on the workplace or while on official duty representing the Commonwealth of Virginia;
- II. Impairment while performing job duties from the use of alcohol, marijuana or other drugs, (except the use of drugs for legitimate medical purposes);
- III. Action which results in the criminal conviction for:
 - a violation of any criminal drug law, based upon conduct occurring either on or off the workplace, and/or
 - a conviction of any alcoholic beverage control law, cannabis oil, marijuana, or other law which governs driving while intoxicated, based upon conduct occurring on the workplace;
- IV. Failure to report to their supervisors and Human Resources that they have been convicted of any offense, as defined in Item III above, within five calendar days of the conviction.

Policy 1.05 is applicable to all employees in Executive Branch agencies, including the Governor's Office, Office of the Lieutenant Governor, and the Office of the Attorney General.

The workplace consists of any state owned or leased property or any alternative work site where state employees are performing official duties.

Any employee who commits any prohibited act under this policy shall be subject to the full range of disciplinary actions, including discharge, and may be required to participate satisfactorily in an appropriate rehabilitation program.

A copy of the entire Commonwealth of Virginia's Policy on Alcohol and Other Drugs may be obtained from agency human resources or via the DHRM website.

RECEIPT ACKNOWLEDGMENT

Your signature below indicates your receipt of this policy summary of Policy 1.05, Alcohol and Other Drugs. Your signature is intended only to acknowledge receipt, it does not imply agreement or disagreement with the policy itself. If you refuse to sign this certificate of receipt, your supervisor will be asked to initial this form indicating that a copy was provided to you.

DATE (mm/dd/yyyy)

EMPLOYEE SIGNATURE