

**Drug-Free Workplace Policy Acknowledgment
New Hires**

I, _____, an employee with the State of Rhode Island hereby acknowledge that I have received a copy of the State's policy regarding the maintenance of a drug free workplace. I have been informed that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance (to include but not limited to such drugs as marijuana, heroin, cocaine, PCP, and crack, and may also include legal drugs which may be prescribed by a licensed physician if they are abused), is prohibited on the State's premises or while conducting state business. I acknowledge that I must report for work in a fit condition to perform my duties. Violation of this policy makes me subject to discipline up to and including termination. As a condition of state employment, I must abide by the terms of this policy and I will report to the employer any criminal drug conviction no later than five (5) days after such conviction. I realize that federal law mandates the employer to communicate this conviction to the appropriate federal agency under certain circumstances.

In accordance with the drug free workplace policy I certify that as a condition of my employment, I do not currently use illegal drugs.

Employee Signature

Date

Comments if any:

Department / Agency Signature

Date policy reviewed with
employee