

TOWN/CITY OF _____

DRUG AND ALCOHOL-FREE WORKPLACE POLICY**

I. PURPOSE

This Policy outlines prohibited conduct with respect to controlled substances, marijuana, and alcohol. This Policy complies with the [Town/City's] obligations under the Federal Drug-Free Workplace Act, 41 U.S.C. § 8101, et seq.

II. APPLICATION

This Policy applies to all employees of the [Town/City]. Employees whose employment is governed by a collective bargaining agreement are subject only to those provisions of this Policy not specifically regulated by law or agreement.

III. POLICY

It is the Policy of the [Town/City] to provide employees with a working environment that is free of the problems associated with the use and abuse of alcohol, marijuana, and controlled substances. The use of alcohol, marijuana, or controlled substances is inconsistent with the behavior expected of employees and subjects the [Town/City] to unacceptable risk of workplace accidents or other failures that would undermine the [Town/City's] ability to operate effectively and efficiently. Although certain uses of marijuana have been legalized in the Commonwealth of Massachusetts, this policy and the following procedures expressly apply to marijuana use.

IV. PROCEDURES

A. The following is prohibited:

- 1. Off-Duty: Any use, sale, possession, distribution, dispensation, manufacture, or transfer of controlled substances or marijuana, except, in the case of marijuana, where authorized by Massachusetts law.
- 2. On Duty: Any consumption of controlled substances, marijuana (with or without prescription) or alcohol, whether on or off [Town/City] property, or at any other worksite where employees may be assigned, or elsewhere during work hours.
- 3. The use of controlled substances or marijuana (with or without a prescription), or any use of alcohol on non-working time, to the extent that such use: (i) impairs an employee's ability to perform the employee's job; (ii) adversely impacts the safety of the employee or others; (iii) or affects the reputation of the [Town/City] to the general public or otherwise threatens its integrity.

^{**}Recipients of federal funds are required to adopt a **drug-free** workplace policy



- B. Employees who are convicted of substance-related violations under state or federal law in the workplace, including alcohol or marijuana related violations, or who plead guilty or *nolo contendere* to such charges, must inform their department head or appointing authority within five (5) days of such conviction or plea. Department heads or appointing authorities shall immediately notify the chief executive and administrative officer.
- C. Employees who are convicted or who plead guilty or *nolo contendere* to such drug-related violations, or are found to have consumed or be impaired by controlled substances, marijuana or alcohol while on-duty, may be required to successfully complete a substance abuse or similar program as a condition of continued employment or re-employment with the [Town/City].
- D. All employees must sign a statement acknowledging that they have been informed of the rules and requirements of the Drug-Free Workplace Act.

V. EMPLOYEE ASSISTANCE PROGRAM

The [Town/City] recognizes drug and alcohol dependency as an illness and a major public health problem. To that end, the [Town/City] encourages affected individuals to voluntarily seek medical help. Employees who wish to obtain help in dealing with such problems may contact the [Town/City] ______ for a referral to the [Town/City's] Employee Assistance Program. The [Town/City] may independently refer an employee to the Employee Assistance Program or other substance use/abuse counseling agency or program for help, particularly where there is a pattern of deteriorating job performance or excessive absenteeism of the employee associated with substance use/abuse.

VI. SANCTIONS

Substance use/abuse, however, does not relieve an employee of job performance standards and obligations. Violations of any and all provisions of this Policy may result in disciplinary action, up to and including termination from employment.

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DRUG AND ALCOHOL-FREE WORKPLACE POLICY ACKNOWLEDGMENT

This acknowledges that I have received and reviewed the [Town/City] of ______ Drug and Alcohol-Free Workplace Policy ("Policy"). By signing this form, I agree to abide by the Policy and any Guidelines promulgated thereunder, and I agree to review periodically any changes or modifications.

I understand that the unlawful manufacture, distribution, dispensation, possession, impairment or use of a controlled substance, marijuana, or alcohol is prohibited on any property of the [Town/City], or while performing official duties for the [Town/City], and violation of this Policy can subject me to disciplinary action, up to and including termination. I further understand that as a condition of employment, I must abide by the terms of this Policy, including the restrictions on off duty conduct listed in Section IV(A)(1) of the Policy, and further agree to notify my employer of any controlled substance, drug, marijuana, or alcohol related conviction for a violation occurring in the workplace no later than five days after such conviction.

I recognize that the law and associated Policy regarding drugs, including marijuana, and alcohol in the workplace are continually evolving. Therefore, I understand that my regular review of this Policy, as it may be amended from time to time, is required and constitutes an ongoing employment obligation.

Print Name:
Signature:
Date:

To be included in employee's personnel file.

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