

Cornerstone Chartered Public School

Policy Title: Drug-Free Workplace Policy

Policy ID: HR-01

Effective Date:

I acknowledge that I have received and read the Cornerstone Chartered Public School Drug-Free Workplace Policy.

I understand that:

- The unlawful manufacture, distribution, dispensation, possession, or use of controlled substances in the workplace is prohibited;
- Compliance with the Drug-Free Workplace Policy is a condition of my employment;
- I am required to notify the Executive Director or designee within five (5) calendar days if I am convicted of a criminal drug statute violation occurring in the workplace;
- Violations of the policy may result in disciplinary action, including possible termination of employment.

By signing this form, I acknowledge my responsibility to adhere to the policy and understand the consequences of non-compliance.

Employee Information

Printed Name: _____

Position/Title: _____

Department: _____

Signature: _____

Date: _____

Instructions: Submit this signed form to Human Resources for placement in your personnel file.