

Employee Substance Use Policy Form

Employee Information

Full Name

Employee ID

Department

Email Address

Substance Use Policy Acknowledgment

I acknowledge that I have received and read the company's Employee Substance Use Policy. I understand that using, possessing, or being under the influence of illegal drugs or alcohol while at work or performing company business is strictly prohibited and may result in disciplinary action, up to and including termination of employment.

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I acknowledge and agree to abide by the policy.

Comments / Concerns (Optional)

Enter any comments or concerns here...

Employee Signature

Date