

Employee Substance Use Guidelines Template

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Effective Date: [MM/DD/YYYY]

Review Date: [MM/DD/YYYY]

1. Purpose

This document outlines the organization's policy and guidelines regarding substance use for all employees. Its purpose is to ensure a safe, healthy, and productive workplace.

2. Scope

This policy applies to all employees, contractors, and temporary staff of [Company Name], regardless of employment status.

3. Policy Guidelines

- Employees are expected to report to work and perform duties free from the influence of illegal drugs, alcohol, and misused prescription medication.
- The use, possession, distribution, or sale of illegal substances on company premises or while performing company business is strictly prohibited.
- Responsible consumption of alcohol may be permitted at certain company-sponsored events with management approval.
- Employees taking prescribed medication that may affect their ability to perform safely or effectively must inform their supervisor as appropriate.
- Violations of this policy may result in disciplinary action up to and including termination of employment.

4. Employee Responsibilities

- Comply with all policy requirements.
- Inform supervisors if prescribed medications may impact job performance.
- Report any observed incidents of substance misuse in accordance with company procedures.

5. Employer Responsibilities

- Provide training and resources regarding substance use policies.
- Ensure confidentiality in all matters related to substance use disclosures or testing.
- Support employees seeking help for substance use issues through the Employee Assistance Program (EAP) or other resources.

6. Reporting and Support

- Employees are encouraged to seek assistance before substance use impacts work performance.
- Contact Human Resources or a supervisor for information on confidential support services.

7. Policy Review and Updates

- This policy will be reviewed annually and updated as needed.

Employee Acknowledgment

I acknowledge that I have read and understood the Employee Substance Use Guidelines.

Name: _____

Signature: _____

Date: _____