

# City of Valdez

## Drug Awareness Policy Acknowledgment

1) It is my understanding that as an employee of a municipality that receives Federal and State funding, there is a requirement that I be furnished with information regarding the dangers of Substance Abuse and that I be informed regarding my organization's policy on Substance Abuse.

2) I further understand and acknowledge that my continued employment with the City of Valdez is contingent upon, but not limited to, my abiding by the provisions of this policy.

3) Additionally, I acknowledge that as an employee, I must notify the City of Valdez of any criminal drug statute conviction occurring in the work place no later than five (5) days after the conviction.

4) I *hereby* acknowledge that I have received and read a copy of the City of Valdez Drug Awareness Policy. I further acknowledge that I have been afforded that opportunity to ask questions regarding this policy. I understand the City of Valdez Drug Awareness Policy and agree to adhere to it.

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PRINT YOUR NAME CLEARLY

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SIGNATURE

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DIVISION AND DEPARTMENT

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DATE

*"Employees of the City of Valdez Believe in a Drug-Free Workplace"*