



## Granville County Drug/Alcohol Abuse Policy

Note: Granville County shall give job applicants a copy of the County's drug/alcohol abuse policy at the time of hire. It shall be included in employee handbooks and manuals. The signed copy shall be retained in the employee's personnel file.

Granville County has an obligation to its employees and the public to take reasonable and appropriate steps to prevent drug abuse by its employees in or affecting the workplace. This policy is based in substantial part on the County's concern regarding the safety, health, and welfare of its employees, their families, and community.

Consistent with this commitment, Granville County strictly prohibits:

- 1) The presence of employees on the job while under the influence of intoxicants, drugs, or any other controlled substance;
- 2) The use, possession, transfer, or trafficking in intoxicants, illegal drugs, or controlled substance in any amount in any manner, or at any time, either on County premises or while conducting County business;
- 3) The use of County property, including County vehicles and telephones, or an employee's position within the County to make, transfer, or traffic in intoxicants, illegal drugs, or controlled substance; and
- 4) Any other use, possession, or trafficking in intoxicants, illegal drugs, or controlled substance in a manner which has an adverse impact on the County.

Any employee who is under medication or taking any drug, which may affect the employee's ability to perform his or her job in a safe and productive manner must report such use to his or her supervisor. Supervisors, in conjunction with personnel staff will determine if the employee should remain at work, be restricted in his or her duties, or be sent home.

The County has the right to:

- 1) Discipline employees, including dismissal, for felony convictions regarding illegal use, possession, or trafficking in drugs.
- 2) Test employees, including blood or urine tests, and perform medical examination for the purpose of determining if the employee has engaged in illegal drug use when there is reasonable suspicion; and
- 3) Take disciplinary action against employees who violate this County policy, including refusal to submit to testing, inspection, or searches. Employees also may be suspended pending outcome of an investigation regarding compliance with this policy.

Job applicants may be required to undergo drug testing and medical examination, prior to hire and be required to agree in writing to permit such tests and examinations and company use of their results. Those job applicants who fail such tests and/or examinations will not be offered employment.

Notification to law enforcement agencies will be made at the discretion of the County regarding violations of this policy as appropriate and/or necessary.



## DRUG SCREENING CONSENT FORM

As a condition of employment with Granville County, I, \_\_\_\_\_, hereby consent to provide a urine specimen and/or blood, hair or saliva specimens for the purpose of screening for the presence of prohibited drugs. I understand that the test results will be sent to the Medical Review Officer and/or employer's designated representative who is responsible for the company's drug screening program, unless prohibited by law.

I have been given a copy of the Granville County Drug/Alcohol Abuse Policy.

I consent freely and voluntarily to the company's request for a specimen. I understand that my refusal to be screened will result in the termination of the employment process.

I understand that refusing to provide or tampering with a urine/hair specimen, or providing false information on a specimen's chain of custody form, may constitute grounds for the termination of my employment.

I understand that failure to pass the drug screening will render my conditional offer of employment null and void. I also understand that (if applicable), failure to pass the drug screening may result in further disciplinary action up to and including termination or that I may be required to participate in a mandatory rehabilitation treatment program (if offered by employer) as a condition of continued employment should my drug test results indicate drug abuse.

I have been informed that drug screen results are protected health information under HIPAA law and will not be disclosed under any circumstances without written consent of the employee or candidate except pursuant to administrative or legal procedure or process.

I hereby release and hold harmless the company and its employees and agents from any liability whatsoever arising from this request to furnish my specimens and the testing of my specimens.

I understand that all information derived from this test will be kept confidential and released only to my employer's designated representative. I also understand a documented chain of specimen custody exists to ensure the identity and integrity of my specimens throughout this collection and testing process.

I understand that I must submit to drug screening within two (2) hours of signing this form.

\_\_\_\_\_  
Employee/Candidate Signature

\_\_\_\_\_  
Employee/Candidate Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resource Signature

\_\_\_\_\_  
HR Representative Title

\_\_\_\_\_  
Date