

# **POLICY STATEMENT**

## **ALCOHOL/DRUG FREE WORKPLACE**

Alcohol and drug abuse and the use of alcohol and drugs in the workplace are issues of concern to the State of Nevada. It is the policy of this State to ensure that its employees do not: report for work in an impaired condition resulting from the use of alcohol or drugs; consume alcohol while on duty; or unlawfully possess or consume any drugs while on duty, at a work site or on State property. Any employee who violates this policy

# ACKNOWLEDGMENT

I, \_\_\_\_\_ hereby certify that I have received a copy of the State's policy regarding the maintenance of a alcohol/drug free workplace and I acknowledge this policy as a condition of employment with the State of Nevada.

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**Department**

**Division**

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**Name** *(Print)*

**Date**

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**Signature**

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**Witness' Signature** *(Required if employee refuses to sign)*  
Acknowledging the employee received the alcohol/drug-free workplace policy and employee refuses to sign.

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**Title of Witness**