



CITY OF KINSTON

Personnel Policy

Subject: Alcohol and Substance Abuse/Drug Free Workplace Appendix D	Section: Employee Health Services		Review Responsibility: Director of Human Resources		
	Policy #:: 1	Effective Date: 2/17/2017	Rev. #: 6	Revision Date: 2/15/2017	Page: 1 of 1
	Supersedes: 5/1/2004		Prepared By: Gloria Blake <i>Gloria Blake</i>		Approved By: Tony Sears <i>Tony Sears</i>

Appendix D

Drug Free Workplace Memo of Understanding

To be Completed by all Employees/Candidates for Employment

I _____, an employee/candidate for employment with the City of Kinston hereby certify that I have received a copy of the City's policy statement regarding the maintenance of a drug free workplace. I realize the unlawful manufacture, distribution, possession or use of a controlled substance on the City's premises/workplace and/or during working hours is strictly prohibited and a violation will result in disciplinary action up to and including dismissal from employment. I realize that as a condition of employment with the City of Kinston, I must abide by the terms of the policy statement and ***if charged with driving while impaired or charged with a drug or alcohol related offense I will notify my department head no later than three (3) days after such a charge.*** I further agree I will notify the City of Kinston of any criminal drug or alcohol conviction for a workplace violation within five (5) business days of such a conviction. I further realize that federal law mandates that the City of Kinston, as all receivers of federal grant monies, communicate this conviction to the federal agency, and I hereby waive any and all claims that may arise from conveying this information to the federal agency.

I have read or had read to me the above statement and understand and agree to these terms.

Date: _____

Name (print): _____

Signature: _____

Social Security Number: _____

Witness: _____ Date: _____