Drug-Free Workplace Agreement

I	
]	[

(Please print name)

as an employee of Utica College effective _____

(Date of hire)

agree to abide by the College's Drug-Free Workplace policy provided to me by the College.

Furthermore, I agree to notify the Director of Human Resources at the College of any conviction or guilty plea for drug violation that may occur in the workplace no later than five days after the conviction or plea.

I have read the attached policy and I agree to terms set within.

Employee Signature

Date Signed

(Return signed copy to the Office of Human Resources within 30 days of date of hire or receipt of this document.)