



UNIVERSITY OF MARYLAND

UNIVERSITY OF MARYLAND SUBSTANCE ABUSE POLICY ACKNOWLEDGMENT OF RECEIPT

As an employee of the State of Maryland, I _____, hereby certify that I have received a copy of the State's policy regarding the maintenance of a drug-free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on the State's owned or utilized premises and violation of this policy can subject me to discipline up to and including termination. As a condition of employment, I must abide by the terms of this policy and will notify my supervisor of any criminal drug conviction no later than five (5) days after such a conviction. I further realize that federal law mandates that the employer communicate this conviction to the federal agency, and I hereby waive any and all claims that may arise for conveying this information to the federal agency.

VI-8.00(B) Policy on Student Alcohol and Other Drugs

<http://president.umd.edu/policies/vi800b.html>

VI-8.00(A) Policy on Employee Alcohol and Other Drug Abuse

<http://www.president.umd.edu/policies/vi800a.html>

Employee's Signature

Date

Supervisor's Signature

Date