



State of Alaska
Division of Personnel

ALCOHOL & DRUG FREE WORKPLACE
Acknowledgment of Policy

It is the policy of the State of Alaska to maintain an alcohol and drug free workplace. Any employee who improperly or unlawfully manufactures, distributes, dispenses, possesses or uses a controlled substance or alcohol on state property, in the workplace or while performing official duties is subject to disciplinary action up to and including termination from employment. This is independent of any criminal action related to the offense.

As one means of promoting a safe and productive workplace, the state has taken proper steps to deter the incidence of improper or unlawful alcohol and drug use among its employees. Steps include ensuring employees have access to information about the dangers of alcohol and drug use, providing for employee counseling, treatment and referral services through participating Employee Assistance Programs (EAP), implementing lawful mandatory drug and alcohol testing policy for certain occupations and program groups and pursuing appropriate criminal penalties.

Employees are required to notify the employer, in writing, not later than five calendar days following criminal conviction for the use of alcohol or a controlled substance occurring on state property, in the workplace, or while performing official duties. Moreover, if convicted for unlawful use of a controlled substance, an employee of a department or agency receiving direct or pass-through federal grants covered by the Drug Free Workplace Act of 1988 is subject to notification and disciplinary provisions of the Act and acknowledgment.

Employee Acknowledgment:

I have read the above policy and acknowledge it is a condition of my continued employment with the State of Alaska. I understand and acknowledge that, if I fail to adhere to the provisions of this policy, I may receive disciplinary action up to and including my termination from employment. This policy applies to all classified employees and to appointed officials.

Print Full Name (Last, First, MI)

Employee Signature

Date

Submit completed form to [Payroll Services section in Division of Finance](#)