

**SUMMARY OF THE
COMMONWEALTH OF VIRGINIA'S POLICY ON ALCOHOL AND OTHER DRUGS**

The Commonwealth of Virginia's Policy on Alcohol and Other Drugs, No. 1.02, states that the following acts by employees are prohibited:

- I. The unlawful or unauthorized manufacture, distribution, dispensation, possession, or use of alcohol and other drugs on the workplace;
- II. the impairment on the workplace from the use of alcohol or other drugs, (except the use of drugs for legitimate medical purposes;
- III. action which results in the criminal conviction for:
 - ⓪ a violation of any criminal drug law, based upon conduct occurring either on or off the workplace, or
 - ⓪ a violation of any alcoholic beverage control law, or law which governs driving while intoxicated, based upon conduct occurring on the workplace;
- IV. the failure to report to their supervisors that they have been convicted of any offense, as defined in III above, within five calendar days of the conviction.

- Included under this policy are all employees in Executive Branch agencies; including the Governor's Office, Office of the Lieutenant Governor, and the Office of the Attorney General.

-The workplace consists of any state owned or leased property or any site where official duties are being performed by state employees.

- Any employee who commits any prohibited act under this policy shall be subject to the full range of disciplinary actions, including discharge, and may be required to participate satisfactorily in an appropriate rehabilitation program.

- A copy of the entire Commonwealth of Virginia's Policy on Alcohol and Other Drugs may be obtained from your agency human resource office.

CERTIFICATE OF RECEIPT

Your signature below indicates your receipt of this policy summary. Your signature is intended only to acknowledge receipt, it does not imply agreement or disagreement with the policy itself. If you refuse to sign this certificate of receipt, your supervisor will be asked to initial this form indicating that a copy has been given to you.

Employee's Name _____

Signature _____ **Date** _____