

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-2156.A**

**EMPLOYEE DRUG AWARENESS
CERTIFICATION FORM**

I, _____, certify that I have received a copy of SCP-2156, *Drug and Alcohol Policy*.

I agree to abide by the terms of this policy and I am aware that with any violation of this policy, I will be subject to disciplinary action, up to and including dismissal. I may also be required to participate in a drug-abuse assistance or drug-rehabilitation program.

In addition, I understand that under federal law and as a condition of employment, if I am convicted of any drug or alcohol related criminal offense for a violation occurring in the workplace, I must report this conviction to the Director of Human Resources within five (5) days of the conviction.

Name (Print)

Signature

Date

RETURN THIS FORM TO HUMAN RESOURCES

*Revised August 2012
Revised June 2017*