



## Substance Abuse Policy Acknowledgment Form

The policy of the company is to maintain a drug and alcohol-free work environment that is safe and productive for our employees and others having business with our company. To meet these objectives, the following policy has been adopted.

The unlawful use, possession, purchase, sale, distribution or being under the influence of any illegal drug and/or the misuse of legal drugs while on company or client premises or while performing services for our company or client is strictly prohibited. The company also prohibits reporting to work or performing services while impaired by the use of alcohol or consuming alcohol while on duty.

In order to ensure compliance with this policy, substance abuse screening may be conducted in the following situations:

- Pre-employment: As may be required/requested by our company or clients.
- For Cause: Upon reasonable cause to believe that a substance abuse problem exists, testing may be conducted.
- Random: Unannounced random selection of employees may be performed.
- Post Accident: Any employee involved in an accident/injury while performing services for our company or client that results in property or damage or bodily injury requiring medical treatment will be required to submit to a substance abuse screening.

Compliance with this policy is a condition of employment. Employees who test positive or who refuse to submit to substance abuse screening will be subject to termination.

The results of all drug testing will be treated confidentially and for no purpose other than for AcctKnowledge to make employment related decisions.

Notwithstanding any provision herein, this policy will be enforced at all times in accordance with applicable state law.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)



## **Release & Consent Form For Substance Abuse Screening**

Certain clients of AcctKnowledge require that employees assigned to it successfully pass a substance abuse screen. As a condition for consideration for assignments with certain clients of AcctKnowledge, I, \_\_\_\_\_, voluntarily authorize any laboratory designated by AcctKnowledge or its clients to conduct a screening or screenings, for the purpose of determining the presence of drugs or alcohol in my system.

I consent to the release by the laboratory designated by AcctKnowledge or its clients, of the results of the drug and alcohol screen to AcctKnowledge.

I hereby release and forever discharge AcctKnowledge, its clients, the laboratory, and the agents and employees of, from any and all lawsuits, proceedings, claims, or causes of action arising from the screen or screens, and from any action or inaction of AcctKnowledge or its clients based on the results of the screening.

I UNDERSTAND ACCTKNOWLEDGE MAY REQUIRE A SUBSTANCE ABUSE SCREEN WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDANCE WITH ACCTKNOWLEDGE POLICY AND THIS RELEASE AND CONSENT. I UNDERSTAND MY WORKER'S COMPENSATION BENEFITS MAY BE DENIED IF AN ON THE JOB INJURY OR ACCIDENT IS DUE TO MY USE OF ALCOHOL OR MY UNLAWFUL USE OF ANY CONTROLLED SUBSTANCES.

MY REFUSAL TO SUBMIT TO SUBSTANCE ABUSE SCREENING WILL BE GROUNDS FOR TERMINATION.

I understand the meaning of this release and consent form, and I have had the opportunity to raise any questions about it before signing it. My signature below is completely voluntary, without coercion or duress of any kind, and I am signing this release and consent form solely as a condition for consideration of assignments with AcctKnowledge clients.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Witness)