

**DRUG CONVICTION NOTIFICATION FORM**

(For use in connection with SOP 228.07.01.001, Drug-Free Workplace)

This form must be filed with Personnel Officer within 2 working days of notice of conviction.

EMPLOYEE NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

WORK LOCATION: \_\_\_\_\_

\_\_\_\_\_ was convicted of \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_.

Yes            No

Disciplinary action deemed necessary            \_\_\_\_\_            \_\_\_\_\_

If yes, action taken and date implemented.

\_\_\_\_\_

\_\_\_\_\_

Was employee directed to satisfactorily participate in an approved drug assistance or rehabilitation program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Date enrolled \_\_\_\_\_.

NAME OF SUPERVISOR/MANAGER COMPLETING FORM:

\_\_\_\_\_

DATE COMPLETED:

\_\_\_\_\_