



## Drug-Free Workplace Acknowledgement

I, \_\_\_\_\_, hereby acknowledge as an employee of Advantage Behavioral Health Systems (Advantage), I hereby certify that I have been notified concerning this organization's policy to maintain a drug-free workplace.

I understand that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and violation of this policy can result in disciplinary action up to and including dismissal from employment.

I understand that I must abide by the terms of this policy as a condition of employment and will notify my supervisor of any criminal drug arrest or conviction no later than five (5) days after such event occurs.

I further realize that federal law my mandate that my employer communicate conviction information to a federal agency, and I hereby waive any and all claims that may arise for conveying this information to a federal agency.

---

Employee Signature

Date