



**DEPARTMENT OF JUVENILE JUSTICE  
DRUG-FREE WORKPLACE POLICY/ STATEMENT  
ACKNOWLEDGMENT OF RECEIPT**

It is the policy of this department to ensure a Drug – Free Workplace. Department employees are required to refrain from the illegal use of drugs and from being under the influence of such drugs while at the workplace. All employees have the responsibility to understand that the unlawful manufacture, distribution, dispensing or possession of any illegal drugs is prohibited in the workplace. Employees or applicants who unlawfully use drugs or who are under the influence of illegal drugs while in the workplace are deemed not suitable for state employment. Except for employees in special risk positions, the department will not discharge, discipline or discriminate against an employee on the sole basis of the employee’s first positive confirmed drug test. Employees who have drug problems are encouraged to seek help through the department’s employee assistance program.

The term “drug” includes, but is not limited to: alcohol (including distilled spirits, wine, malt beverages and intoxicating liquors), amphetamines, cannabinoids, cocaine, phencyclidine (PCP), hallucinogens, methaqualone, opiates, barbiturates, benzodiazepines, synthetic narcotics, designer drugs, or a metabolite of any of the above substances.

It is the responsibility of each employee to notify their supervisor of any criminal drug arrest and/or conviction (including a plea of nolo contendere) no later than twenty-four (24) hours after such arrest or conviction.

Any employee who unlawfully manufactures, distributes, dispenses or possesses illegal drugs in the workplace will be subject to disciplinary action up to and including dismissal.

This is to acknowledge that I understand it is my responsibility to read and adhere to the FDJJ Drug – Free Workplace Policy. If I need assistance on how to access DJJ policies and procedures or have any questions, I am to contact my Supervisor. I also understand that the names, addresses and telephone numbers of employee assistance programs and local alcohol and drug rehabilitation programs are available to me by contacting the Bureau of Human Resources.

My compliance with the DJJ Drug-Free Workplace Policy and Statement is a condition of employment. I also understand that this signed receipt will become a permanent part of my official personnel file.

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
People First ID

\_\_\_\_\_  
Print Name

\* Acknowledging receipt of this document in the department’s electronic acceptance system substitutes as your signature. Provision within the Florida’s Electronic Signature Act of 1996 and the Uniform Electronic Transaction Act, both provide that digital signatures or attestations may be substituted for the signature, unless otherwise provided by law (see section 668.004, F.S. and subsection 668.50(7), F.S.).

Please print for your records.