

University of Massachusetts/Amherst

DRUG-FREE WORKPLACE POLICY

AGREEMENT

I have received, read and understand the University's Policy on Drug-Free Workplace, as required by the "Drug-Free Workplace Act of 1988" (Public Law 100-690)

I understand that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance on the Amherst campus, or while conducting University business off the University premises, is strictly prohibited and that violations will result in disciplinary action.

I understand that the University is making every effort to assist its employees in dealing with any drug problems that may arise, and that the Employee Assistance Program is available to all University employees.

I agree that, as a condition of employment, I will abide by the terms and conditions of the University's Drug-Free Workplace Policy and report to the Director, Office of Research and Engagement, any conviction under a criminal drug statute for violation occurring on or off University premises while conducting University business. I further understand that this report of such a conviction must be made within 5 days. (Note: This provision relates to activities, on or off campus, while conducting University business only.)

I understand that as a condition of working on a federal grant, contract, or cooperative agreement, or receiving a federal fellowship, etc., I must read and understand this University Policy on a Drug-Free Workplace, and that I must sign this Agreement and register it with the Office of Research and Engagement.

As a principal investigator on a federal grant, contract or cooperative agreement, I understand that it is my responsibility to inform all University employees working on this grant, contract, or cooperative agreement of the University's Drug-Free Workplace Policy.

SIGNATURE _____ DATE _____

TYPE OR PRINT NAME _____ DEPARTMENT _____