

Employee Commitment

I, _____ have read and understand the Drug Free Workplace Policy of the Aberdeen School District and will abide by the terms of said policy. I will notify the Aberdeen Board of Trustees if convicted of any criminal drug statute violation occurring within the workplace no later than (5) days after such conviction. I am aware that drug/alcohol counseling and treatment programs are available.** Furthermore, I understand that the Aberdeen School District is not responsible for any cost incurred for treatment.

Employee

Date

This signed document is to be placed in the employee's personnel file.

****Drug/Alcohol Information and Treatment Centers**

Canyon View Hospital	228 Shoup Ave West Twin Falls, ID	800-423-3710
Walker Center	1120 A Montana St Gooding, ID	800-227-4190
Eastern Idaho Regional Behavior Health Center	3100 Channing Way Idaho Falls, ID	800-627-7792
Narcotics Anonymous	Idaho Falls, ID	208-525-1919
Alcoholic Rehabilitation Association, Inc.	163 East Elva Idaho Falls, ID	208-522-6012
Dept of Health & Welfare	701 East Alice Blackfoot, ID	208-785-5826

The School District does not necessarily endorse the above agencies but provides them as possible resources.