

**TRINITY UNIVERSITY**  
**DRUG AND ALCOHOL ABUSE POLICY STATEMENT**

Trinity University is required by the Drug-Free Workplace Act of 1988 (41 U.S.C.A. sections 701-707) and the Drug-Free Schools and Communities Act Amendment of 1989 (PUD L. 101-226) (20 U.S.C. Section 1145g), to notify all employees that the unlawful manufacture, sale, distribution, possession or use of a controlled substance is any substance so defined by federal or state statute or regulation.

Any employee who is found guilty (including a plea of no contest) or has a sentence, fine or other penalty imposed by a court of competent jurisdiction under a criminal statute for an offense involving a controlled substance that occurred in or on premises or property owned or controlled by the University shall report such action to the Director of the Office of Human Resources within five (5) days.

An employee who unlawfully manufactures, sells, distributes, possesses or uses a controlled substance in or on premises or property owned or controlled by the University, regardless of whether such activity results in the imposition of a penalty under a criminal statute, will be subject to appropriate disciplinary action, including termination, or will be required to participate satisfactorily in an approved drug assistance or rehabilitation program, or both.

**DRUG AND ALCOHOL ABUSE POLICY CERTIFICATION AND  
AGREEMENT**

I, \_\_\_\_\_, hereby certify that I have been given a copy of Trinity University's "Drug and Alcohol Abuse Policy Statement," that I have read and understand the requirements of the statement, and that all my questions concerning the statement and the drug and Alcohol Abuse Policy have been answered fully.

Furthermore, I agree that, as a condition of my employment with regard to my performance, I will:

1. Abide by the terms of the Drug & Alcohol Abuse Policy.
2. Notify the Human Resources Director of any criminal drug/alcohol statute conviction for a violation occurring in the workplace no later than five days after such conviction.

I understand and agree that, upon such conviction, or in the event that I violate the Drug and Alcohol Abuse Policy, Trinity University may take appropriate disciplinary action against me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date