



City of Pittsburgh
Operating Policies

Policy: Drug Free Workplace (Drug & Alcohol)	Original Date: 1988
	Revised Date: 4/2008

Statement of Policy

The City of Pittsburgh recognizes its responsibility to maintain a productive, safe and healthy work environment and to protect the safety of the public by assuring that its employees are free from the presence of drugs that may affect their physical or mental abilities to perform their duties safely and efficiently. In keeping with this responsibility and pursuant to the provisions of the Drug-Free Workplace Act of 1988, the City of Pittsburgh has adopted the following policy:

Policy

1. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance while on City property or while conducting City business is strictly prohibited.
2. All City employees will be tested for drugs and alcohol post-injury, except as noted in applicable collective bargaining agreement.
3. As a condition of continued employment, every City employee must abide by this policy. Any employee who violates this policy will be subject to disciplinary action up to and including discharge, even for a first offense.
4. An employee must notify his or her Department Director of any criminal drug statute conviction for a violation that occurred in the workplace no later than five (5) days after such conviction.
5. All City employees will receive notification of this policy.

The City of Pittsburgh provides an Employee Assistance Program as a benefit to all City employees and their eligible dependents. Among the services offered by the Employee Assistance Program is **confidential** referral for counseling and rehabilitation for individuals with chemical dependency problems. Employees who wish to seek assistance in overcoming a chemical dependency problem are strongly encouraged to call the Employee Assistance Program at 1-800-647-3327.

It is the City of Pittsburgh's intent to maintain its commitment to protect the safety of its employees and the public through strict adherence to this policy.

ACKNOWLEDGEMENT

I hereby acknowledge that I have received the Drug-Free Workplace Policy.

Employee Name (please print)

Date

Employee Signature