

COAST UNIFIED SCHOOL DISTRICT
1350 Main Street
Cambria, CA 93428
(805) 927-3880

DRUG, ALCOHOL AND TOBACCO-FREE WORKPLACE

NOTICE TO EMPLOYEES

The Federal Drug-Free Workplace Act of 1988 requires school districts which receive any federal funds to provide a drug-free workplace and certify, to the federal government, that the district has notified employees that drugs, alcohol and tobacco (includes any type of tobacco product, including chewing tobacco) are prohibited in the workplace.

The unlawful manufacture, distribution, dispensing, possession, use, or being under the influence of any alcoholic beverage, drug, or controlled substance is prohibited in all of the workplaces of these Districts. Violation of this prohibition may result in disciplinary action, up to and including dismissal. In addition, violation may constitute violation of the California Education Code and other staff laws and may result in immediate suspension without pay in the event that criminal charges are filed.

The Board may not employ or retain in employment persons convicted of a controlled substance offense as defined in Education Code 44011.

As a condition of being employed to work, employees are required to abide by the terms of this statement. Employees are further required to notify the superintendent of any conviction for a criminal drug or alcohol statute violation occurring in the workplace within five days after such conviction.

Pursuant to the federal Omnibus Transportation Employee Testing Act of 1991, school bus drivers shall be subject to a drug and alcohol testing program that fulfills the requirements of the Code of Federal Regulations, Title 49, Part 382.

The following drugs and alcohol counseling and rehabilitation programs are available locally:

Cambria Connection, 1920 Main Street, Cambria 927-1654
San Luis Obispo County Drug and Alcohol Services 781-4753
Alcoholics Anonymous 772-8714
Narcotics Anonymous 549-7730

I HEREBY ACKNOWLEDGE RECEIPT OF THIS NOTICE ABOUT DRUG, ALCOHOL AND TOBACCO FREE WORKPLACE.

Signature of Employee/Coach

Date

Print Name: _____