



EMPLOYEE ACKNOWLEDGEMENT & ATTESTATION

EMPLOYEE ID	HOME PHONE #	WORK PHONE #	FACILITY & DEPARTMENT
FIRST NAME	MIDDLE NAME/INITIAL	LAST NAME	DATE

DRUG-FREE WORKPLACE ACKNOWLEDGMENT

- I understand that, as a provider of health care, Kaiser Permanente recognizes that chemical dependency is a chronic disease that can have tragic consequences for individuals, families, and the workplace.
- As a condition of employment, all employees are expected to abide by SCAL's *Alcohol and Drugs* policy which prohibits the use and/or abuse of drugs, including alcohol, in the workplace.
- I have read, understood, and familiarized myself with this policy, and understand that Kaiser Permanente is committed to providing a drug-free workplace.
- I understand that chemical dependency is a chronic disease and that rehabilitative treatment is available, KP supports the use of such treatment, and will provide it when conditions and circumstances warrant.
- I understand that, if I am experiencing alcohol or drug dependency, I am urged by the organization to make use of KP's confidential Employee Assistance Program, and/or such disability plans, rehabilitation programs, and health coverage plans as are appropriate.

ATTESTATION

- I have received copies of the policy and reporting requirements listed below, understand that they apply to me, and agree that I will fully comply with them:
 - SCAL HR Policy 5.03: *Alcohol and Drugs*.
 - *Child Abuse Reporting Requirements*
 - *Elder and Dependent Adult Abuse Requirements*
- I understand that all National, CA, and SCAL Human Resources policies are available to me for my review at <http://myhr-prd.kp.org/myhr/workspace/reference/policies.jsp>, and that I am responsible for reading, understanding, and complying with these policies.
- I understand that all employee forms are available to me for my review at <http://fulfillment-prd.kp.org/fulfillment/selfService/formSelectionForEmp.do?MyHREnabled=true>.
- If I have any questions about the *Alcohol and Drugs* policy or the *Abuse* reporting requirements, I will seek clarification from my manager or a KP HR Consultant.
- I understand that failure to comply with the *Alcohol and Drugs* policy and the *Child and Elder and Dependent Adult Abuse Reporting Requirements* may result in disciplinary action, up to and including termination.

By my signature below, I acknowledge, understand, accept, and agree to comply with the *Alcohol and Drugs* policy and the *Child Abuse Reporting Requirements* and *Elder and Dependent Adult Abuse Reporting Requirements*. My signature also indicates my understanding that failure to comply with the policy and reporting requirements may result in disciplinary action up to and including termination.

Employee Signature

Date Completed