

MOBILE COUNTY COMMISSION

Drug/Alcohol Policy

EFFECTIVE JANUARY 1, 2001
AS AMENDED EFFECTIVE JANUARY 1, 2007,
AND AS REVISED EFFECTIVE SEPTEMBER 1, 2017
POLICY # 200-10



COMPREHENSIVE DRUG-ALCOHOL POLICY

Mobile County Commission (County) is committed to providing a safe working environment for all employees while serving the citizens of Mobile County. Mobile County Commission recognizes that any employee who improperly uses intoxicating substances, including drugs and alcohol poses a serious threat to his or herself, co-workers and to the public in general. Even small quantities of narcotics, abused prescription or over-the-counter drugs or alcohol can impair judgment and reflexes. This impairment can have dire results, particularly for employees operating vehicles or potentially dangerous equipment.

It is therefore the policy of Mobile County Commission that all employees or any person performing any kind of work for Mobile County Commission must report to work completely free from alcohol, illegal or unauthorized drugs or any other substances that may have a mind-altering or intoxicating effect or otherwise impair the employee's judgment, reaction times or functioning.

- 1.0 COUNTY DISCRETION.** The interpretation and implementation of this Drug-Alcohol Policy (Policy) is a matter of discretion with the County and not a substantive or procedural right of any employee. The County retains the right and authority to determine appropriate discipline for and take appropriate action concerning its employees consistent with the laws and regulations governing the personnel system for the County, this Policy notwithstanding.
- 2.0 PROHIBITED CONDUCT.** The following conduct is prohibited for all County employees:
 - 2.1 Drug Use.** Use of illegal or unauthorized drugs (including excessive quantities of prescription or over-the-counter drugs) and any other chemical substances which may affect an employee's mood, senses, responses, motor functions, or alter or affect a person's perception, performance, judgment, reactions or senses, or present a threat of harm to anyone while working or on county business.
 - 2.2 Alcohol Use.** Working or reporting to work under the influence of alcohol or with the presence of detectable amounts of alcohol in the person's body.
 - 2.3 Other Prohibited Activities.** Possession of, manufacture of, distribution of, or the making of arrangements to distribute alcohol, illegal or unauthorized drugs or any other intoxicating substances while at work or on county property, and the possession while at work or on county property of drug-related paraphernalia, any material or equipment used or designed for use in testing, packaging, storing, injecting, ingesting, inhaling or otherwise introducing into the human body any illegal or unauthorized controlled or dangerous substances.
 - 2.4 Drug/Alcohol Test Cheating.** Any interference or attempted interference with sample collection for a screening test and the ingestion, possession, or distribution of any chemical, drug, or substance designed primarily for masking, defeating or in any manner frustrating alcohol or drug tests or that alters the result of drug or alcohol testing (including, but not limited to, concentrated or packaged urine or substance added to any urine sample or ingested with the intent to mask or alter test results).
 - 2.5 Failure or Refusal to Cooperate.** Refusing or failing to cooperate in any investigation, search, or alcohol or drug screening test requested or required by the County.

3.0 MEDICATION IN THE WORKPLACE. This Policy does not prohibit a person’s lawful use of medication currently prescribed by a doctor authorized by law to give prescriptions or lawful use of over-the-counter medication for a valid medical reason. But in order to avoid creating safety problems and violating this policy, employees must inform their supervisor when they are legitimately taking any medication, including prescription drugs or over-the-counter medications, which affect their ability to perform their job duties, or could result in a threat or harm to others. It is the employee's responsibility to determine if the medication potentially has adverse side effects. Anyone whose job performance might be affected by such medications may be required to provide a fitness-for-duty certification before being allowed to resume their job duties.

4.0 SUSPENSION, INVESTIGATIONS AND SEARCHES. When in the opinion of management, there is reasonable cause or suspicion to believe that an employee is under the influence of intoxicants, drugs, alcohol, or narcotics or in possession of any such items or of paraphernalia for use with non-prescribed controlled substances, the County may require 1) that the employee cease employment functions and/or 2) submit to a search by management or supervisory representatives of his or her person and/or property, including lockers and vehicles brought onto County premises or job sites.

5.0 DRUG AND ALCOHOL TESTING.

5.1 Pre-Employment. An applicant selected for a position with the County that is safety sensitive or requires a CDL will be tested for illegal or unauthorized drug and alcohol use, also collectively referred to as “substance abuse” testing, and such applicants with verified positive tests will not be hired.

5.2 Random. County employees are subject to random testing throughout the year, if the employee (A) is required to possess a commercial driver’s license (“C.D.L.”) or (B) otherwise holds a “safety sensitive position.”

Safety sensitive positions are jobs with the County in which negligent performance may cause serious physical harm to the employee or others, or cause serious property damage. These positions include, but are not limited to, the following:

(1) Jobs requiring the operation of heavy/dangerous equipment and/or a motor vehicle in the course of duty; jobs requiring an employee to load/unload, inspect, service, maintain or repair vehicles or heavy/dangerous equipment; and jobs requiring work around moving vehicles or heavy/dangerous equipment in an environment requiring a constant state of alertness.

(2) Jobs involving the regular maintenance, repair, or operation of power or hand tools that have the capacity to seriously injure the user or another person (e.g. chain saws, weed-eaters, machetes, blades etc.).

(3) Jobs involving assistance of the public with reported emergencies, or involving authorization to carry a firearm or other dangerous weapon, or work in an environment requiring a constant state of alertness due to the heightened potential for dangerous situations to arise (examples include Detention Center personnel and Sheriff’s Deputies).

(4) Jobs involving the answering and dispatching of emergency calls.

(5) Jobs of Animal Control officers and kennel staff.

(6) Jobs requiring an employee to inspect, maintain or repair structures.

*A list of safety sensitive positions and those positions requiring a CDL is maintained in the Mobile County Commission's Human Resources Department.

Tests for drugs and alcohol may be given without advance notice, weekly, monthly or quarterly. Periods will be established and selection will be done randomly without bias or prejudice. Two computerized random testing pools including one DOT pool for CDL drivers and one non-DOT pool for all other safety sensitive positions will be utilized for selecting the employees to be randomly tested. There will be no maximum number of samples that any one individual will be required to provide during the testing schedule in either pool.

5.3 Post-Accident.

Any employee who is injured while performing job duties during the course of employment must submit to substance abuse testing as closely as possible within four (4) hours following the injury, if the injury results in lost work time and/or requires medical treatment or evaluation. However, in no way shall the immediate medical treatment of injured employees be jeopardized by the post-accident testing procedure.

Any employee who is involved in an on-the-job accident or incident which causes physical injury to any other person or damage to any property must submit to substance abuse testing within four (4) hours of the incident or accident, if it appears to County management that the employee's conduct, actions, omissions, or failure to act potentially contributed to the accident or incident, or that the employee's conduct, actions, omissions, or failures to act cannot be completely discounted as a contributing factor to the accident or incident.

Testing is not required in the event of damage to a County vehicle if the employee is not in the vehicle at the time of the damage and had legally parked the vehicle before the incident. However, the incident must be reported to Risk Management. Also please refer to the Mobile County Motor Vehicle Operation Policy regarding accidents involving County vehicles.

5.4 Reasonable Cause. An employee must submit to a drug or alcohol test if, in the opinion of his or her supervisor and another supervisor, as a witness, believes reasonable cause exists and/or that the employee is under the influence of drugs or alcohol.

Managers and supervisors may reasonably suspect that an employee uses illegal or unauthorized drugs or is under the influence of alcohol based upon specific, contemporaneous, articulable observations concerning the appearance, behavior, speech or body odors of the employee, or his/her time and attendance patterns.

In the event that a reasonable cause test should be conducted under this paragraph, the supervisor of the employee shall promptly detail in writing the circumstances which formed the basis of the reasonable suspicion for testing. Attached hereto and labeled Exhibit 1 is a form the supervisor may complete to document the basis for the reasonable suspicion. A copy of this documentation shall be retained by Mobile County Commission's Human Resources Department and kept confidential in accordance with the State's retention schedule.

5.5 Return to Work. An employee who (A) is required to possess a commercial driver’s license (“C.D.L.”) or (B) otherwise holds a “safety sensitive position” as defined in this Policy may be required to undergo drug and alcohol tests before returning to work if the employee has been on an extended leave of absence for any reason of three (3) months or longer, unless otherwise prevented by applicable law.

5.6 Compliance Follow-Up. A drug and/or alcohol test will be required before an employee returns to work from a disciplinary suspension after an initial positive test or after a leave of absence granted for the employee to participate in a substance abuse counseling or rehabilitation program or employee assistance program. The employee also will be subject to unannounced testing for a period of up to sixty (60) months following return to work in addition to any other random, reasonable suspicion, or post-accident testing.

6.0 THIRD-PARTY ADMINISTRATOR. The County will contract with a Third Party Administrator (TPA) who will generate the random testing pools and be responsible for specimen collections and medical review officer services.

6.1 Specimen Collections. Specimen collection for drug and alcohol tests will be taken either on site or at the office of a medical subcontractor selected by the County. Split specimen procedures:

1. Each urine specimen is subdivided into two bottles labeled as a “primary” and a “split” specimen.
2. Both bottles are sent to a laboratory.
3. Only “primary” specimen is opened and used for analysis.
4. “Split” specimen remains sealed and stored at the laboratory.
5. If the “primary” specimen confirms the presence of illegal, controlled substances, the employee has 72 hours to request in writing the “split” specimen be sent to another DHHS certified laboratory for analysis.
6. If it is positive for one or more of the drugs then a continuation test is performed for each drug using state-of-the-art gas chromatography/mass spectrometry (GC/MS) analysis.
7. GC/MS confirmation insures that over-the-counter medications or prescriptions are not reported as positive results.

6.2 Medical Review Officer (“MRO”). A MRO is a licensed physician (medical doctor) responsible for receiving laboratory results generated by an employer’s drug testing program. In the event of a ‘positive’ drug or alcohol test result, the MRO will contact the employee or applicant to discuss the results. The employee or applicant may be asked to bring all medical records which may have bearing on the test result to the meeting/consultation with the MRO. No communication with the employer will be made until the MRO has deduced whether the medical evidence the employee or applicant has produced will influence or change the drug or alcohol test result. The identity of the appointed MRO at any given time will be announced by posting. The County may appoint one or more MRO’s to serve simultaneously.

7.0 TEST STANDARDS. Testing for drugs will be conducted and evaluated according to standards set for the conduct and evaluation of such tests by the U.S. Department of Transportation in 49 C.F.R., Part 40, and, as appropriate, according to policies and procedures of the Department of Industrial Relations for employees who suffer on-the-job injuries.

8.0 ACCOMMODATION OF RELIGION AND PHYSICAL/MENTAL IMPAIRMENTS. The County will attempt to make appropriate accommodations of religious needs and any physical or mental impairment which may affect or impair a person's ability to participate in alcohol or controlled substances testing. If an employee or applicant requires such accommodations, he or she must make the issue known to the County by requesting accommodation. The County will evaluate if and how we may accommodate the employee's needs, engage in an interactive process regarding the request, and will make appropriate efforts to implement requests so long as the requested accommodation does not cause undue hardship.

9.0 CONFIDENTIALITY.

9.1 Receipt of Information. All information, interviews, reports, statements, memoranda, and test results written or otherwise, received by the employer through a substance abuse testing program are confidential communications, but may be used or received in evidence, obtained in discovery, or disclosed in any civil administrative proceedings, except as provided in Subsection 10.3.

9.2 Release of Information. Employers, laboratories, MRO, employee assistance programs, drug or alcohol rehabilitation programs, and their agents who receive or have access to information concerning test results shall keep all information confidential. Release of such information which is not in connection with the administration of this drug/alcohol policy, or in connection with disciplinary actions taken to enforce this Policy, shall be made only pursuant to a written consent form signed voluntarily by the person tested, unless the release is compelled by an agency of the State or a court of competent jurisdiction or unless deemed appropriate by a professional or occupational licensing board in a related disciplinary proceeding. The consent form shall contain at a minimum all of the following:

- (1) The name of the person who is authorized to obtain the information;
- (2) The purpose of the disclosure;
- (3) The precise information to be disclosed;
- (4) The duration of the consent; and,
- (5) The signature of the person authorizing release of the information.

9.3 Criminal Proceeding. To the full extent permitted by law, information on test results shall not be released or used in any criminal proceeding against the employee or job applicant, and information released contrary to this subsection shall be inadmissible as evidence in any criminal proceeding.

9.4 Non-Prohibition. Nothing contained in this article shall be construed to prohibit the employer or laboratory conducting a test from having access to employee test information when consulting with legal counsel when the information is relevant to its defense in a civil or administrative matter.

10.0 EMPLOYEE ASSISTANCE PROGRAM AND VOLUNTARY TREATMENT.

10.1 EAP Benefits. The County provides an Employee Assistance Program ("EAP") to its employees, in the form of five (5) individual counseling sessions at no cost, on an annual basis. To the extent that an employee has not utilized his or her annual EAP benefits for a given year for any purpose, then any remaining free EAP visits can be utilized within the scope of this Section. Also, if an employee has already utilized all or part of his or her EAP benefits during a given

year, the employee will have to pay personally for whatever additional visits are required hereunder.

10.2 Voluntary Treatment. Employees with substance abuse problems are encouraged to seek help before their jobs are jeopardized. The County offers an EAP to provide confidential short-term counseling and referral services to employees at no cost. The EAP has professional counselors who can discuss problems that can adversely affect job performance, conduct and reliability. The EAP can help employees deal with alcohol or drug abuse problems as well as marital, family and emotional problems. EAP professionals can refer employees to other professional services and resources within the community for further information, assistance, or long-term counseling or treatment.

Prior to being selected for random, post-accident or reasonable suspicion testing, employees who voluntarily identify themselves as drug and/or alcohol users and who obtain counseling and rehabilitation shall not be disciplined for drug and/or alcohol use, but must thereafter refrain from violating the County's policy on drug and alcohol use.

Once identified for testing, employees cannot seek assistance to avoid disciplinary action if found in violation of this Policy.

10.3 Leave of Absence. Upon reasonable request, the County may grant a leave of absence for the employee to participate in an alcohol or drug abuse counseling, rehabilitation or employee assistance program. The leave will be unpaid unless the employee uses his or her accumulated sick and/or vacation leave during the absence. If the counseling, rehabilitation or employee assistance program is at the direction of or otherwise prescribed by a healthcare provider, the absence usually will qualify as "medical leave" under the County's FMLA Policy and may be designated as FMLA leave, to the extent such leave is available and the employee is eligible. The employee must be declared Fit for Duty by the EAP or other treatment provider prior to being able to resume active employee status following such a leave.

11.0 DISQUALIFICATION, DISCIPLINE & OTHER CONSEQUENCES.

11.1 Suspension / Mandatory Treatment (First Positive Test or Refusal to Submit to Testing). Upon an employee's first positive test results for illegal or unauthorized drugs and/or alcohol, or the employee's unjustified refusal to submit to a drug or alcohol test, the employee must be removed immediately from his or her duties and advised of the resources available for evaluating and resolving problems associated with the misuse of alcohol and use of controlled substances.

After a pre-disciplinary hearing, the employee shall be suspended for a period of up to thirty (30) days without pay. A suspended employee will not be allowed to use any accumulated sick or vacation leave or comp-time during this suspension period. The suspension shall begin as soon as practicable under the circumstances. Before beginning the suspension, the employee must first sign and deliver to his or her superior a LAST CHANCE EMPLOYEE ASSISTANCE AGREEMENT attached as Exhibit 2 to this Policy. During the suspension, the employee must attend the EAP, consisting of one (1) initial assessment and as many as four (4) free additional visits. If the employee has already utilized any or all of his or her free EAP benefits prior to the suspension, the employee must pay for these visits.

Employees must cooperate and participate fully in their rehabilitation and the recommendations of the EAP administrators, which may include regular attendance at Alcoholics or Narcotics Anonymous or similar therapy sessions and participation in after-care, follow up and similar monitoring programs. Failure to cooperate with the EAP administrators or to otherwise cooperate in rehabilitation may be grounds for additional discipline, up to and including termination.

If the employee completes as many of the said five (5) consultations as are recommended by the EAP, has a negative drug and/or alcohol follow-up compliance test (at the employee's expense), and is declared Fit for Duty by the EAP to return to work at the end of the suspension period, then the employee will be returned to his or her normal work duties.

If, at the end of the suspension period, the EAP does not declare the employee Fit for Duty but instead recommends additional counseling or rehabilitation treatment, the employee must either voluntarily resign from employment or must commit to attend whatever additional counseling and/or rehabilitation treatment recommended, at his or her own expense. The employee who makes such commitment may at this point use any accumulated sick or vacation leave or comp-time available for the time off work after the initial suspension period. If the additional counseling or rehabilitation treatment is at the direction of or otherwise prescribed by a healthcare provider, the additional period of absence usually will qualify as "medical leave" under the County's FMLA Policy and may be designated as FMLA leave, to the extent such leave is available and the employee is eligible.

If the employee completes the additional counseling or rehabilitation treatment, has a negative drug and/or alcohol follow-up compliance test, and is declared Fit for Duty by the EAP to return to work at the end of this additional period, then the employee will be returned to his or her normal work duties.

- 11.2 Termination (Second Positive Test).** If a positive drug or alcohol test constitutes the employee's second positive test, the employee is subject to immediate termination.
- 11.3 Termination (Test Cheating).** An employee who submits an adulterated, substituted, or fraudulent test sample or otherwise attempts to cheat on a drug or alcohol test is subject to immediate termination.
- 11.4 Employee Discipline (Other Violations).** Disciplinary action up to and including termination of employment will be taken against an employee for all other violations of this Policy. In its sole discretion, the County may take into account one or more of the following factors in determining appropriate discipline: the employee's length of service and work history with the County; the employee's job duties and responsibilities; and the employee's past disciplinary record including but not limited to prior discipline for violations of this Policy. In the sole discretion of the County, any lesser discipline also may be conditioned upon referral for counseling or rehabilitation.
- 11.5 Alabama Workers' Compensation Act Consequences.** No workers' compensation benefits shall be allowed for an injury or death caused by an accident due to the injured or deceased employee being intoxicated from the use of alcohol or being impaired by illegal or unauthorized drugs or by prescribed or other drugs not approved in accordance with the provisions of Sections 1.3 of this Policy. A positive drug test conducted and evaluated pursuant to standards adopted by the U.S. Department of Transportation in 49 C.F.R., Part 40, and policies and

procedures of the U.S. Department of Industrial Relations shall serve as a conclusive presumption of impairment from the use of illegal or unauthorized drugs. Additionally, no workers' compensation benefits shall be allowed for an injured employee if the injured employee refuses to submit to or cooperate with a blood or urine test conducted in accordance with the standards in 49 C.F.R., Part 40, and according to policies and procedures of the Department of Industrial Relations for employees who suffer on-the-job injuries, or if the employee submits an adulterated, substituted, or fraudulent sample. Such refusal or submitting an adulterated, substituted, or fraudulent sample will result in forfeiture of an injured employee's right to recover workers' compensation benefits.

11.6 Alabama Unemployment Compensation Act Consequences. An individual shall be disqualified for total or partial unemployment compensation, pursuant to law, as a consequence of the use of illegal drugs or for the refusal to submit to or cooperate with a blood or urine test or for submitting an adulterated, substituted, or fraudulent sample. A confirmed positive drug test that is conducted and evaluated in accordance with the standards set forth in 49 C.F.R., Part 40, or which are otherwise reliable, shall be a conclusive presumption of impairment by illegal drugs and could result in dismissal of the claim.

12.0 TRAINING AND EDUCATION.

12.1 Employees. On an annual basis, the County will provide at least one hour of training to all employees (including managers and supervisors) concerning (i) the disease model of addiction for alcohol and drugs; (ii) the effects and dangers of commonly abused substances in the workplace; and (iii) the County's policies and procedures regarding substance abuse in the workplace and how employees who wish to obtain substance abuse treatment can do so.

12.2 Supervisors. On an annual basis, the County will provide at least one hour of additional training to managers and supervisors concerning (i) how to recognize the signs, symptoms, manifestations, physical, behavioral, speech and performance indicators of employee substance abuse; (ii) how to document and collaborate signs of employee substance abuse; and (iii) how to refer substance abusing employees to the proper treatment providers.

13.0 IMPLEMENTATION OF REVISED POLICY.

13.1 Date of Implementation.

- (A) Revision of this policy, approved May 22, 2017, shall be effective September 1, 2017.
- (B) The County of Mobile Drug-Alcohol Policy adopted October 23, 2000 and amended October 23, 2006, shall continue without interruption until the effective date of this revised policy.

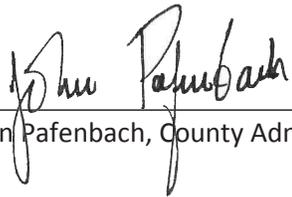
13.2 Employee Acknowledgment. During the period following approval and prior to implementation, each employee shall be informed of this Policy and will be required to execute an EMPLOYEE ACKNOWLEDGMENT (Exhibit 3).

13.3 Employee Release. All employees who are required to agree to submit to drug or alcohol testing under this Policy shall execute a RELEASE of liability for medical evaluation, unless they are unconscious or deceased at a time when their testing under this Policy would be required and their release/consent would be obtained, in which case testing under this Policy is mandatory, and each employee will be deemed to have provided irrevocable consent to testing

in those situations, just as though such RELEASE had been duly executed. Attached hereto and labeled Exhibit 4 is a copy of this RELEASE.

- 14.0 SEVERABILITY.** If any parts or subparts hereof are deemed to be unenforceable by any court or administrative body, then same shall not affect the validity of the other parts and subparts hereof, and the remainder shall nonetheless be deemed enforceable.
- 15.0 PRIOR POLICIES.** This revised policy, as of its effective date supersedes all prior drug/alcohol policies including the Comprehensive Drug/Alcohol Policy adopted January 9, 1995 and modified May 22, 1995; the County of Mobile Drug/Alcohol Policy adopted July 28, 1997 and effective October 1, 1997; and the County of Mobile Drug-Alcohol Policy adopted October 23, 2000 and amended October 23, 2006.
- 16.0 ADOPTION BY OTHER APPOINTING AUTHORITIES.** This policy may be adopted by other appointing authorities under the budgeting authority of the Mobile County Commission.

Adopted May 22, 2017



John Pafenbach, County Administrator

INCIDENT REPORT AND TESTING REQUEST FORM

This form is to be used to document the reasons for requesting that an employee be asked to submit to a medical evaluation or controlled substance screening test. Only those questions which apply need to be answered. Additional pages, if necessary, should be attached along with any other relevant documents.

Employee's Name: _____

Facility: _____ Shift: _____

A. Was there an incident: Yes _____ No _____

1. Description of event: _____

2. Time and date: _____

3. Extent of injury to persons or property: _____

4. Employee's actions: _____

B. Is the employee in a safety sensitive position: Yes _____ No _____

C. Is the employee a C.D.L. driver: Yes _____ No _____

D. Observation of employee: (date: _____ time: __)

Check all that apply:

1. **WALKING:**

() Falling () Holding on () Staggering () Stumbling

() Swaying () Unable to walk () Unsteady () Normal

2. **STANDING:**

() Feet wide apart () Rigid () Sagging at knees

() Staggering () Swaying () Unable to stand () Normal

3. **SPEECH:**

() Mute () Incoherent () Rambling () Shouting () Silent

() Slobbering () Slow () Slurred () Whispering () Normal

4. **DEMEANOR:**

() Calm () Cooperative () Crying () Excited () Fighting

() Polite () Sarcastic () Sleepy () Talkative () Normal

() Sad () Euphoric () Secretive () Silent

5. **ACTIONS:**

() Calm () Drowsy () Erratic () Fighting () Hostile

() Hyperactive () Profane () Resisting communications () Normal

() Threatening () Insolent

6. **EYES:**

() Bloodshot () Closed () Dilated () Droopy () Glassy

7. **FACE:**

() Flushed () Pale () Sweaty () Normal

8. **APPEARANCE / CLOTHING:**

() Bodily excrement stains on clothing () Dirty () Unruly

() Having odor () Messy () Neat

9. **BREATH:**

() Marijuana odor () Faint marijuana odor () No marijuana odor

() Alcohol odor () Faint alcohol odor () No alcohol odor

10. **MOVEMENT:**

() Fumbling () Hyperactive () Jerky () Nervous () Slow

() Erratic () Normal

11. **EATING / CHEWING / DRINKING:**

() Candy () Gum () Mints () Nothing

() Large amounts of water () Other

E. HISTORY:

1. To your knowledge, has the employee previously signed an EMPLOYEE ASSISTANCE AGREEMENT?
Yes _____ No _____
2. If so, when? _____

F. ATTENDANCE:

1. Number of Mondays or Fridays missed in the last six months: _____
2. Total absences in last six months: _____
3. Times tardy in last six months: _____
4. Times employee left early in last two months: _____
5. Number of unexplained absences from work station in last six months: _____

G. PERFORMANCE LEVEL:

1. Has there been a recent change in the employee's level of performance?
Yes _____ No _____
2. If yes, describe: _____

H. OTHER OBSERVATIONS:

I. OTHER FACTORS:

J. OTHER WITNESSES:

SIGNATURE (DATE)

PRINTED NAME

APPROVED

LAST CHANCE EMPLOYEE ASSISTANCE AGREEMENT

Name of Employee (Please print)

Last	First	Middle
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1. I represent that I agree to fully participate in the County’s Employee Assistance Program (“EAP”), consisting of one (1) initial assessment and four (4) additional visits and promise to fully cooperate and participate in any additional counseling/rehabilitation programs in accordance with instructions and requirements of EAP administrators/counselors at my own expense if in excess of any costs provided by the County.

2. I authorize counseling or rehabilitation representatives to confer with my employer regarding my attendance, progress and suitability for continued employment or return to active employment, as the case may be, including the disclosure of medical/psychiatric evaluations of me.

3. I understand that, upon my continued active employment or return to active employment, I must be declared Fit for Duty by the EAP or other treatment provider, must meet all standards of conduct and job performance required of any other employee, and agree to be subject to all provisions and disciplinary procedures contained in the COUNTY OF MOBILE DRUG-ALCOHOL POLICY (this “Policy”) in addition to those required in this AGREEMENT.

4. I understand and agree that I will willingly submit to unscheduled controlled substance testing at any time for up to five (5) years following the date of my return or completion of the counseling or rehabilitation program, whichever is later.

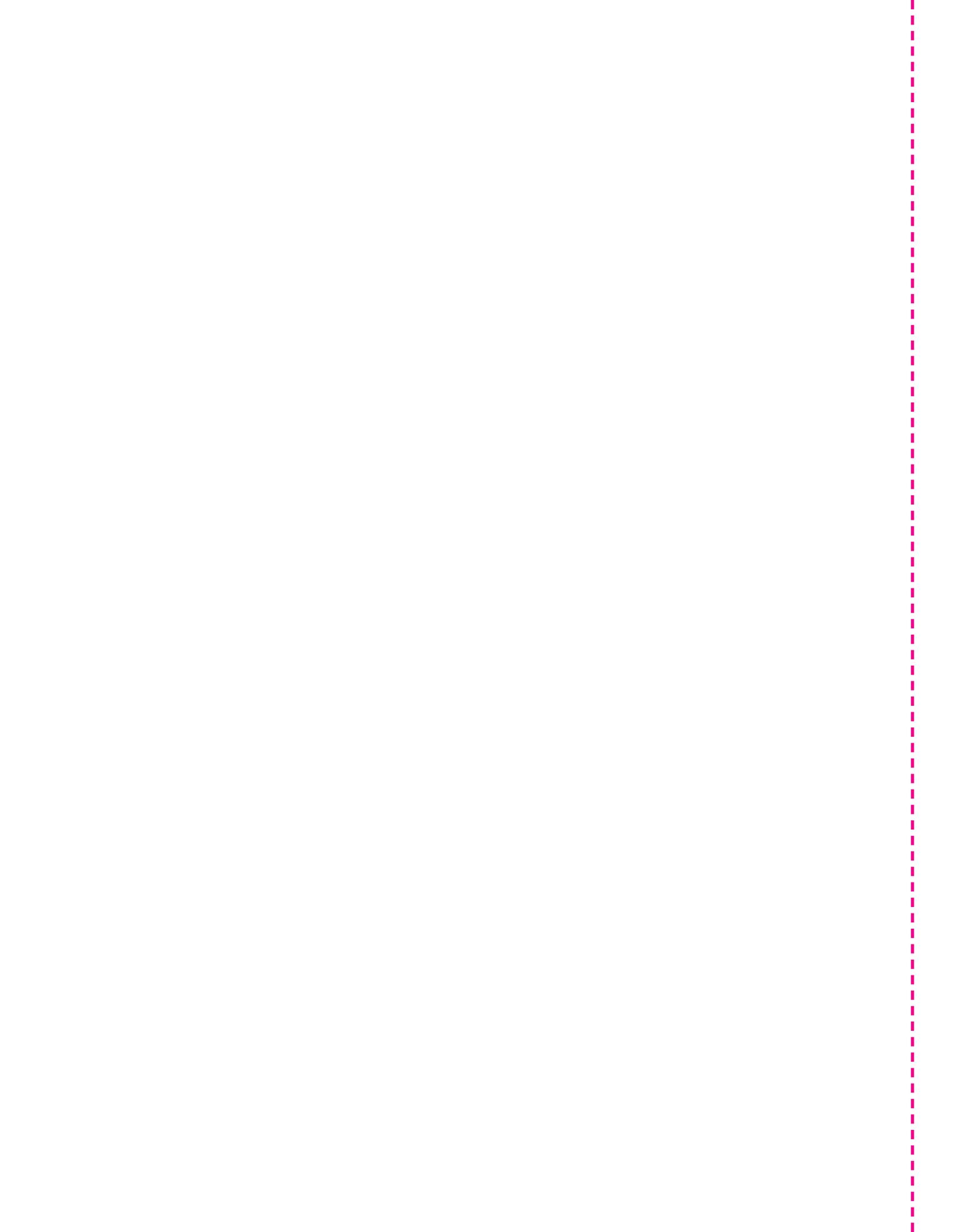
5. I understand and agree that my refusal to take such a test as is described in this AGREEMENT or as otherwise provided in this Policy, or the submission of an adulterated, substituted, or fraudulent sample, will result in immediate termination of my employment, and I again ratify and confirm that I agree to all of the other provisions in this Policy.

6. I understand and agree that my future employment depends in part upon my completing **all** sessions required by EAP administrators/counselors as indicated above and remaining free of controlled substances for the entire duration of my continued employment, as may be detailed in this Policy and that this “Last Chance Employee Assistance” opportunity afforded me by my employer is conditioned accordingly. Such conditions, including those above, are recognized to be in addition to the MOBILE COUNTY COMMISSION’s right to alter my employment relationship with it at-will for reasons not set forth above, as may be permitted by the MOBILE COUNTY PERSONNEL BOARD rules.

7. I understand that my annual benefits from the County for participating in the EAP are one (1) initial assessment and four (4) additional visits. If I have used all or part of those benefits for the applicable calendar year, I agree to pay all costs associated with such counseling as required by this Agreement not covered by my benefits.

Employee: _____ Date: _____

Approved by: _____ Title _____ Date _____



**MOBILE COUNTY COMMISSION
DRUG AND ALCOHOL POLICY
EMPLOYEE NOTIFICATION AND WARNING / ACKNOWLEDGMENT**

1. I have read and understand the Comprehensive DRUG-ALCOHOL POLICY FOR MOBILE COUNTY COMMISSION.
2. While on the job, I will not use, be under the influence of, sell or possess any alcohol, hallucinogenic drugs, marijuana, non-prescription narcotics or illegal or unauthorized substances, or any related paraphernalia or prescription or non-prescription medication which impairs my ability to perform my duties (herein called Prohibited Substances). I agree to immediately notify my supervisor in the event I am required to take prescribed drugs or medication which impairs my ability to perform my duties and imposes a direct threat of physical harm to myself or others.
3. I understand that pre-employment, required, post-accident, reasonable cause, return to work testing and random drug testing for holders of a commercial driver's license (C.D.L.) and employees in safety sensitive positions, for Prohibited Substances is a condition of the **MOBILE COUNTY COMMISSION'S** continued employment of me and was and is instrumental in the **MOBILE COUNTY COMMISSION'S** consideration of my employment; and I agree to submit voluntarily to any test for Prohibited Substances and to furnish such urine, blood or breath specimens as may be lawfully requested under the provisions of this Policy by the **MOBILE COUNTY COMMISSION**. In the event of an incident in which I have been rendered unconscious, or as a result of which my life was taken, I hereby irrevocably consent in advance to any such testing.
4. I acknowledge that the **MOBILE COUNTY COMMISSION** will test EVERY employee who causes or contributes to an on-the-job injury or traffic accident within the parameters of Section 2.3 of this Policy to drug and/or alcohol testing. I further acknowledge that this Policy provides a **NOTIFICATION AND WARNING** by the **MOBILE COUNTY COMMISSION** (i) that I will not be entitled to compensation under the Alabama Workers' Compensation Act for injuries or death caused by an accident or incident due to my alcohol intoxication or impairment from illegal drugs or drugs not approved in accordance with the provisions of Section 1 of this Policy or (ii) that my refusal to take a urine or blood test, conducted in accordance with the standards in 49 C.F.R., Part 40, or my providing an adulterated, substituted, or fraudulent specimen, after an accident or incident will result in my forfeiture of such compensation.
5. I understand and agree that my violation of this Policy, including refusal to submit to or consent to any test for Prohibited Substances or to furnish urine, blood or breath specimens when requested by the **MOBILE COUNTY COMMISSION** under this Policy or a positive test, or the submission of an adulterated, substituted, or fraudulent specimen will be grounds for immediate discharge or other disciplinary action, as provided in this Policy.
6. I acknowledge this **NOTIFICATION AND WARNING** by the **MOBILE COUNTY COMMISSION** (i) that a confirmed positive drug or alcohol test conducted in accordance with the standards in 49 C.F.R., Part 40, or otherwise reliable standards, could result in my dismissal and disallowance of benefits under the Alabama Unemployment Compensation Act, and that no unemployment compensation benefits shall be allowed to me if I refuse to submit to or cooperate with such blood, urine, or breath test, or if I knowingly alter or adulterate or submit a substituted or fraudulent blood or urine specimen.

7. I understand that my appointing authority has adopted this policy and I am subject to this policy as written.

EMPLOYEE: _____

DEPARTMENT OF EMPLOYMENT: _____

DATE: _____

WITNESS: _____

RELEASE OF LIABILITY FOR MEDICAL EVALUATION

Name of Employee (Please print)

Last

First

Middle

In accordance with my employer’s policy of providing and maintaining a safe and healthful working environment for all employees, I have decided voluntarily to undergo a drug and/or alcohol screening test.

I hereby state my willingness to undergo a controlled substance screening test for the purpose of evaluating my mental and physical status.

I also understand that this is not a diagnostic examination designed to detect hidden or latent diseases, but is instead for the purpose of predicting security breaches, job performance, effectiveness or possible safety risks to me, my fellow employees and others which might arise as a result of my employment. I understand and agree that neither my employer, nor its examining physicians, nor its medical personnel, nor any other personnel shall be liable for injury or suffering experienced by me as a result of physical or mental infirmities, disease, or conditions not detected in connection with the screening test and process or for failure to direct me to a health care provider or specialist for treatment.

I hereby authorize the release of the results of my evaluation to my employer and its physicians.

I release my employer, its employees, management, medical and professional representatives, and testing facility from any and all claims or causes of action resulting from this test and any decisions resulting therefrom.

Employee’s Signature

Witness

Date: _____

Date: _____

DEPARTMENT OF EMPLOYMENT:

