

## Drug-Free Workplace Certification

The contractor or grant recipient named below hereby certifies compliance with Government Code Section 8355 in matters relating to providing a drug-free workplace. The below named contractor or grant recipient will:

1. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations, as required by Government Code Section 8355(a).
2. Establish a Drug-Free Awareness Program as required by Government Code Section 8355(b), to inform employees about all of the following:
  - a) The dangers of drug abuse in the workplace,
  - b) The person's or organization's policy of maintaining a drug-free workplace,
  - c) Any available counseling, rehabilitation and employee assistance programs, and
  - d) Penalties that may be imposed upon employees for drug abuse violations.
3. Provide as required by Government Code Section 8355(c), that every employee who works on the proposed contract or grant:
  - a) Will receive a copy of the company's drug-free workplace policy statement, and
  - b) Will agree to abide by the terms of the company's statement as a condition of employment on the contract or grant.
4. At the election of the contractor or grantee, from and after the "Date Executed" and until 06-30-2014 (NOT TO EXCEED 36 MONTHS), the state will regard this certificate as valid for all contracts or grants entered into between the contractor or grantee and this state agency without requiring the contractor or grantee to provide a new and individual certificate for each contract or grant. If the contractor or grantee elects to fill in the blank date, then the terms and conditions of this certificate shall have the same force, meaning, effect and enforceability as if a certificate were separately, specifically, and individually provided for each contract or grant between the contractor or grantee and this state agency.

### CERTIFICATION

I, the official named below, hereby swear that I am duly authorized legally to bind the contractor or grant recipient certification described above. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

TB CONTROLLER SIGNATURE

*Alicia Paris*

Dr. Alicia Paris-Pombo, Public Health Officer

DATE

*9-20-13*

COUNTY APPROVAL

Ron Briggs, Chair, Board of Supervisors

DATE

EXECUTED IN THE COUNTY OF:

El Dorado

Adapted from STD.21 (12/93)