

Substance Use and the Workplace Policy Declaration Form

By signing this declaration, I confirm I have taken the Substance Use and the Workplace e-learning module and I am aware of and understand the requirements and expectations respecting substance use and the workplace including the possession, distribution and use of substances while at work and while engaged in duties on behalf of the employer.

Employee's print name

Date

Employee's signature

Employee: Please give the original form to your supervisor once signed.

Supervisor: Send the original signed form to the ministry Human Resource Business Partner for retention on the employee's file.