



## **OFFICE OF THE CHAMPAIGN COUNTY EXECUTIVE**

1776 East Washington Street, Urbana, Illinois 61802-4581

*ADMINISTRATIVE, BUDGETING, PURCHASING &  
HUMAN RESOURCE MANAGEMENT SERVICES*

**Darlene A. Kloeppel, County Executive**

### **NOTICE**

To: All Employees  
FROM: Darlene A. Kloeppel, County Executive  
RE: Champaign County Drug and Alcohol Policy

Champaign County hereby notifies all employees that the use, possession, transportation, sale or distribution of a controlled substance including cannabis or alcohol by anyone while on County property or on County business is strictly prohibited and may be cause for discharge. Any employee who violates this policy will be required to enroll in a drug and alcohol counseling, rehabilitation, or assistance program at the employee's expense. Any employee who violates this policy a second time will be discharged. Information concerning the dangers of drug and alcohol use in the workplace and about counseling, rehabilitation, and treatment programs is available through the employee's designated healthcare provider.

As a condition of employment, the County requires that all employees acknowledge that they will: (1) abide by the terms of this policy; (2) notify the Department Head of his/her department of any conviction for a violation of a criminal drug statute in the workplace no later than five days after conviction; and (3) if convicted of a violation of a criminal drug statute that occurred in the workplace, satisfactorily participate in a drug or alcohol abuse assistance or rehabilitation program.

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#### **EMPLOYEE ACKNOWLEDGEMENT**

As a condition of employment, Champaign County requires that all employees acknowledge that: (1) I acknowledge receipt of the Champaign County's Drug and Alcohol Policy; (2) I agree to abide by the terms and conditions of this policy; (3) I agree I will notify the Department Head of my department of any conviction for a violation of a criminal drug statute in the workplace no later than five days after conviction; and (4) if convicted of a violation of a criminal drug statute that occurred in the workplace, I will satisfactorily participate in a drug or alcohol abuse assistance or rehabilitation program.

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Signature

\_\_\_\_\_  
Print Name

DATE: \_\_\_\_\_