

# Office of the State Public Defender

## Human Resource Policies

Subject: <b>Drug-Free Workplace</b>	Policy No.: <b>531</b>
Title:	Pages: <b>2</b>
Section:	Last Review Date:
Effective Date: <b>7-15-10</b>	Revision Date:

### 1.0 POLICY

The Office of the State Public Defender (OPD) is committed to a drug-free workplace. It is the policy of OPD and the State of Montana that the unlawful manufacture, distribution, dispensing, possession, use or solicitation of a controlled substance by any employee in the workplace is prohibited.

### 2.0 PROCEDURE

- 2.1 In compliance with the Drug-Free Workplace Act, an employee who is performing work under a covered federal grant will:
  - 2.1.1 Abide by the terms of the state's policy statement requiring a drug-free workplace; and
  - 2.1.2 Notify the agency of any conviction of a criminal drug statute which is the result of a violation which occurred in the workplace. The agency must be notified no later than five days after the conviction.
- 2.2 OPD shall take one of the following actions within 30 days of receiving notice of a conviction from an employee:
  - 2.2.1 Take appropriate action against the employee, up to and including discharge; or
  - 2.2.2 Require such employee to participate satisfactorily in an approved drug abuse assistance or rehabilitation program. Drug counseling and rehabilitation may be covered by the Employee Group Benefits Plan. The State Health Care and Benefits Division should be contacted for further information on specific coverage. The State benefits plan also provides an employee assistance program.
- 2.3 An employee who violates this prohibition is subject to disciplinary action, up to and including discharge, as provided in the Discipline Handling Policy, ARM 2.21.6505 et seq.
- 2.4 Each employee working under a federal grant, as defined in the Drug-Free Workplace Act of 1988, must receive a copy of this policy.

### 3.0 CLOSING

This policy statement is adopted in compliance with the Drug-Free Workplace Act of 1988 (Pub. L. 100-690, Title V, Subtitle D).

Questions about this policy should be directed to the OPD Human Resource Officer at the following address:

Office of the State Public Defender, Administrative Service Division  
44 West Park  
Butte, MT 59701  
Phone 406-496-6080

**ATTACHMENT A**

**DRUG-FREE WORKPLACE  
ACKNOWLEDGEMENT FORM**

My signature below indicates that I have received a copy of the Drug-Free Workplace Policy and memorandum addressed to Office of the State Public Defender employees explaining the requirements of the act.

I know that I may direct any and all questions about the policy to my supervisor or the Human Resource Officer before signing or at any time in the future.

PRINT NAME: \_\_\_\_\_

Employment Location: indicate below the office street address, city, state, zip code, and county.

\_\_\_\_\_  
Office

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
County

SIGNATURE: \_\_\_\_\_

DATED: \_\_\_\_\_

This form must be signed and returned to:  
Office of the State Public Defender  
Human Resource Office  
44 West Park  
Butte, MT 59701