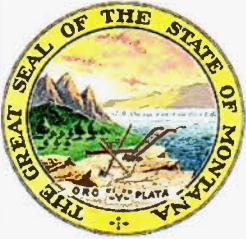


# DEPARTMENT OF MILITARY AFFAIRS



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## STATE OF MONTANA

OFFICE OF THE ADJUTANT GENERAL  
MAJOR GENERAL MATTHEW T. QUINN  
(406) 324-3000 - FAX (406) 324-3011

P.O. BOX 4789  
FORT HARRISON, MONTANA 59636-4789

TO: Military Affairs Employee

FROM: Major General Matthew T. Quinn  
The Adjutant General *5 Dec 13*

SUBJECT: Drug-Free Workplace Policy Notification

The Federal Drug-Free Workplace Act of 1988 requires agencies receiving federal monies to certify they will maintain a drug-free workplace. This memorandum is your notification of the Department of Military Affairs policy. Please sign and return this memorandum to DMA Centralized Services Division - Human Resources Officer.

### DRUG-FREE WORKPLACE POLICY:

The Department of Military Affairs is committed to a drug-free workplace. The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance in the workplace by any employee of this agency is prohibited.

An employee who violates this prohibition is subject to disciplinary action, up to and including discharge, as provided in the Discipline Handling Policy, ARM 2.21.6506, et. seq. The employee will be advised of drug awareness programs offered by this agency or the Department of Administration. Drug counseling and rehabilitation may be covered by the Employee Group Benefits Plan. Contact the personnel office for specifics.

In compliance with the Drug-Free Workplace Act, an employee who is performing work under a covered federal grant will abide by the terms of the state's policy requiring a drug-free workplace, and notify the agency of any conviction of a criminal drug statute which is the result of violation that occurred in the workplace. The agency must be notified no later than five (5) days after conviction.

The agency shall take one of the following actions within thirty (30) days of receiving notification of a conviction take appropriate disciplinary action against the employee, up to and including discharge or require the employee to participate satisfactorily in an approved drug abuse assistance or rehabilitation program.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date