ONE COPY EMPLOYEE
ONE COPY DEPARTMENT
ORIGINAL DEPARTMENT OF PERSONNEL

CERTIFICATION AND DECLARATION
Administrative Regulation No. 120B (NON-DOT)

I hereby certify that on the date indicated below I received a copy of the City of St. Louis drug and alcohol policy Administrative Regulation No. 120 B (NON-DOT) that is effective on January 31, 2014. **I am aware that employees who test positive for drugs will be considered guilty of misconduct and will be dismissed. I am also aware that employees who test positive for alcohol will be considered guilty of misconduct and will either be directed to mandatory treatment and/or be disciplined up to and including dismissal.** I acknowledge that I can get confidential, professional help with a drug and/or alcohol problem by contacting the City's Employee Assistance Program (E.A.P.) at (314) 729-4030, or by calling the Department of Personnel at 622-3563.

_____ _____
Employee's Name (Print) Class Title

_____ _____
Signature Date

_____
Department

I certify that the employee named above was provided with a copy of the City's policy on drugs and alcohol and a copy of this form on the date indicated above.

_____ _____
Supervisor's/Manager's Signature Class Title

_____ _____
Department Date

This Certification and Declaration must be signed and dated by the employee and the issuing supervisor/manager.

Rev. January 31, 2014