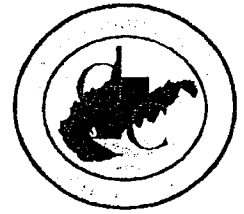


**GILMER COUNTY BOARD OF
EDUCATION
DRUG-FREE WORKPLACE
VERIFICATION STATEMENT**



NAME _____ SOCIAL SECURITY NUMBER _____

ADDRESS _____ TELEPHONE (304) _____

_____ (304) _____

As an employee of the Gilmer County Board of Education, I, _____
Certify that I have received a copy of the Gilmer County Board of Education Drug-free Workplace Policy.

As an employee of the Gilmer County Board of Education, I agree to abide by the Drug-Free Workplace Policy which states that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance and or alcohol is prohibited in the workplace. Additionally, I shall not report for work while under the influence of alcohol and/or illegal drugs, nor consume/use tobacco on school property during regularly scheduled work days, meal breaks, and/or occasions having a connection with the job or Gilmer County Board of Education.

The workplace shall be defined as a worksite where work is performed in connection with the employee's Gilmer County Board of Education employment. The workplace shall include facilities, property, buildings, offices, structures, automobiles, trucks, trailers, buses, other vehicles, and parking areas, whether owned or leased by the Gilmer County Board of Education.

The policy is applicable while employees are engaged in any work-related activity which includes performance of Gilmer County Board of Education business during regularly scheduled work days, meal breaks, and/or occasions having a connection with the job or Gilmer County Board of Education.

In addition, I understand that under federal law and as a condition of employment, if I am convicted of any violation of a criminal drug offense in the workplace, I must report this conviction to my supervisor and/or building administrator and the appointing authority within five (5) days of the conviction.

EMPLOYEE NAME (printed) _____

EMPLOYEE SIGNATURE _____

DATE _____