

SAMPLE FORM

County Employee Agreement Regarding Driving County Vehicles or Equipment

_____ (Name) _____ County has a responsibility to all its employees to provide a safe work place, and the county also has a responsibility to the public to ensure the public's safety and trust. Therefore, _____ (Name) _____ County prohibits employees from using alcohol, illegal drugs, or any controlled drug that has not been prescribed by a doctor for an employee's specific use while the employee is on county time or on county property or county work areas. Any drug prescribed by a doctor for an employee's specific use should be reported by the employee to his or her supervisor when reporting to duty. Possession of alcohol or illegal drugs while on county time, or being in a condition where job performance or the ability to work safely is limited in any way by the use of any alcohol or drug, provides grounds for immediate disciplinary action, including discharge.

County employees may be held individually liable for accidents resulting from the use of alcohol or drugs, and the NMCIA Pools reserve their right not to provide insurance coverage for any employee accident arising out of the use of alcohol or drugs.

Employee Name: _____ Date: _____

(print)

I agree not to drive or operate any vehicle or equipment while I am impaired by drugs or alcohol. I understand the statements written above, and agree to abide by the county's policies regarding drug/alcohol use. Further, I agree to abide by the county's safety policies while operating county vehicles or equipment.

(signature)