



# SAFE HARBOR ADMISSION AGREEMENT FORM



The purpose of this form is to provide a classified employee a one time opportunity to voluntarily seek treatment and rehabilitation counseling for substance abuse under the "Safe Harbor" provision of the Drug-Free Workplace Policy. Employees utilizing "Safe Harbor" are insulated from disciplinary action up to and including dismissal when the agency is unaware of such substance abuse use. An employee must meet eligibility requirements of "Safe Harbor" in accordance with the Policy. "Safe Harbor" does not protect employees from discipline for admitting to drug trafficking or other drug-related offenses. **Note: Employees occupying Test Designated Positions are not eligible to claim "Safe Harbor" pursuant to Title 10 GCA, Ch. 75, §75107 Safe Harbor Exemption and Restriction (PL 31-28).** Employees who admit to illegal drug use **after** being notified that he/she is to undergo a drug test, or just after a specimen is collected, or other restrictions indicated in said law are not eligible for "safe harbor". Below are the guidelines the employee must adhere to and initial next to each condition:

This is to certify that I, \_\_\_\_\_, as an employee whose position title is: \_\_\_\_\_, have voluntarily admitted to using drugs illegally to a supervisor or other higher level management official prior to being notified of a drug test. I understand that once I admit to my supervisor or other higher level management official, I must initial and sign this form and submit it to my department's EAP Counselor before the close of the next business day. In accordance with the "Safe Harbor" conditions, I agree to the following: **(Initial each Item)**

\_\_\_\_\_ That my department/agency shall not subject me to disciplinary action up to and including dismissal against me for the admitted acts of illegal use of drugs, including possession, incident to such personal use, especially while I am undergoing treatment and rehabilitation.

\_\_\_\_\_ I acknowledge that the Safe Harbor provision is regarded as a First Offense. I understand that any violation of the terms of the Safe Harbor agreement, or failure to pass any subsequent drug test, may constitute grounds for disciplinary action, up to and including dismissal.

\_\_\_\_\_ I shall enroll and complete the required treatment and rehabilitation program guidelines.

\_\_\_\_\_ I understand that this treatment and rehabilitation will be at my own expense and that all scheduled appointments that I attend will be charged to sick leave, annual leave, CTO and even leave without pay while I am undergoing this treatment and rehabilitation.

\_\_\_\_\_ I understand that some of my duties and responsibilities may be reassigned until I have successfully completed my treatment and rehabilitation program before I can return to my original assigned duties and responsibilities. **(Applies only if employee was removed from performing safety sensitive duties and responsibilities).**

\_\_\_\_\_ I agree to be tested by the department/agency as part of or as a follow-up to counseling and rehabilitation. Frequency of testing is determined by my agency director in coordination with DOA.

\_\_\_\_\_ I hereby authorize the release of my treatment and rehabilitation recommendations, estimated completion time frame and progress reports to my appointing authority or the Employee Assistance Program Counselor of my department/agency, as well as the Department of Administration's Drug Free-Workplace Drug Program Specialist and Employee Assistance Program Administrator to assist in monitoring my participation in my treatment and rehabilitation program.

\_\_\_\_\_ I agree to refrain from illegal or prohibited use of drugs and alcohol.



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## PART A: EMPLOYEE INFORMATION *(To be completed by the employee)*

I acknowledge receipt of this form and have read and understood its contents. Failure to adhere to the terms of this agreement will be grounds for disciplinary action, up to and including dismissal.

Employee's Name: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_

Position Title: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_ Section: \_\_\_\_\_

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

## PART B: DEPARTMENT/AGENCY INFORMATION *(To be completed by Agency EAP Counselor. & Agency Director)*

Signature of Dept/Agency DFWP EAP Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of DFWP EAP Counselor: \_\_\_\_\_

Checkmark the appropriate box:

**Pursuant to the DOA DFWP and Title 10 GCA, Ch. 75, §75107 Safe Harbor Exemptions and Restrictions, I as the Agency Director of the above indicated employee, have reviewed and verified that the employee requesting safe harbor status is:**

Eligible for "Safe Harbor"

Ineligible for "Safe Harbor" due to the following reason: \_\_\_\_\_

Signature of Agency Director: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Director: \_\_\_\_\_

## PART C: DEPARTMENT OF ADMINISTRATION *(To be completed by DOA EAP Administrator)*

EAP STAMP RECEIVED:

\_\_\_\_\_  
Signature of DOA EAP Administrator

**\*\* Please forward all documents to DOA HR Division Employee Management Relations Branch (671) 475-1249/1185 \*\***