NEW MEXICO JUDICIAL BRANCH

ACKNOWLEDGEMENT FORM

Drug and Alcohol Testing Policy And Drug-Free and Alcohol-Free Workplace Policy

Questions please call AOC HRD at 505/470-7205 Dev.: 01/24/07; Rvd.02/13/12, 09/25/21

I, _____, acknowledge that I have received, read and
(*Print Name*)
understand the Drug-Free and Alcohol-Free Work Place Policy and the Drug/Alcohol Testing Policy, and I understand that I am responsible for adhering to these policies. I understand that being impaired *to any degree* by alcohol or a controlled substance while on duty for the New Mexico Judicial Branch will subject me to disciplinary action up to and including termination. I realize that the manufacture, distribution, dispensation, use or possession of a controlled substance or alcohol is prohibited on Judicial Branch property or when participating in any Judicial Branch training(s) or other associated activities or in any location where I am on duty performing work for the New Mexico Judicial Branch. Any violation of this policy shall subject me to disciplinary action up to and including termination.

_____ _____

Judicial Entity / Court (Please Print) Employee Signature & Date

Original: Employee Personnel File
Copy: Employee