

## **SUPERVISOR:**

The attached documents were given to your employee during New Employee Orientation. Attached are 1) **Departmental Orientation Checklist** and 2) **Drug-Free Workplace Policy and Drug and Alcohol Policy** acknowledgement form.

It is important that you review the drug policy with your new employee and have the statement of understanding (acknowledgement form) signed and filed for future reference.

Please check with your department to determine if the acknowledgement form is kept on file in your department file or is sent to Personnel – HRIS. Either option is acceptable.

### **SUPERVISOR'S DISCUSSION GUIDE REGARDING THE DRUG-FREE WORKPLACE POLICY AND DRUG AND ALCOHOL POLICY**

The Federal Drug-Free Workplace Act was enacted in 1988. Under this law, employers and employees have certain rights and responsibilities.

#### **EMPLOYER'S PART:**

EMPLOYERS must tell employees they may not bring in, make distribute, sell, use or have drugs in their possession while on the job.

WE must tell you that if you do bring in, make, distribute, sell, use or have drugs in your possession while on the job, we will impose disciplinary action up to and including termination. An employee may be required to submit to drug testing in cases of reasonable suspicion.

WE must tell you the dangers of drugs in the workplace. Some training has taken place in this area, and more will be provided in the future.

WE will tell you what help is available in combating drug problems. You have received literature discussing the Employee Assistance Program and additional information is available upon request.

#### **EMPLOYEE'S PART:**

YOU must read the policy statement and sign a document certifying you have read the statement or have received a copy.

YOU agree to abide by the rules of our Drug-Free Workplace. Violation of the policy(ies) may result in disciplinary action up to and including termination.

YOU have the right to know what help is available to assist you in overcoming an involvement with drugs (Employee Assistance Program.)

If you are convicted of a criminal drug violation (including pleas of no contest) in your workplace, YOU must tell us WITHIN FIVE DAYS of conviction. Again, violation of the Policy(ies) may result in disciplinary action up to and including termination.

# DEPARTMENTAL ORIENTATION CHECKLIST

Print Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Department \_\_\_\_\_ Dept Representative \_\_\_\_\_

Please place a check mark in the appropriate space after each item has been discussed. If an item does not apply to your department/division, write N/A.

## **DISCUSSION BETWEEN NEW EMPLOYEE AND DEPARTMENT/DIVISION HEAD DESIGNEE**

(To be reviewed with employee by department/division head designee.)

Staff introductions, chain of command,	_____	Dept. phone numbers-City Directory	_____
Dept/Division functions	_____	Dress Code	_____
Organizational Chart	_____	Provide Dept/Div Policies	_____
How Dept/Div is structured	_____	Time Cards – Employee’s responsibility	_____
Pay Procedures: How, When, Where	_____	Holidays	_____
Tour of Dept/Div	_____	Breakroom, Parking & Common Areas	_____
Supplies and Procedures for obtaining	_____	Usage of City vehicle	_____
Updating personal information (address, W-4, marital status beneficiary/dependents, emergency contact)	_____		_____

Other: \_\_\_\_\_

The above information was discussed with me and I received a copy of the Department/Division’s policies.

Employee \_\_\_\_\_ Date \_\_\_\_\_

Department Representative \_\_\_\_\_ Date \_\_\_\_\_

## **DISCUSSION BETWEEN NEW EMPLOYEE AND IMMEDIATE SUPERVISOR OR DESIGNEE**

(To be reviewed with employee by immediate supervisor or designee)

Probationary Period	_____	Dept/Division Attendance Policy	_____
Employee’s Hours of Work	_____	Specific Job Responsibilities/Expectations	_____
Lunch & Break Periods	_____	Annual Performance Evaluation	_____
Telephone Usage	_____	Training Requirements/Opportunities	_____
Leave Usage/Request Form	_____	Job Posting (Location & Opportunities)	_____
Overtime/Comp-time Policy	_____	Date for Hazardous Communication Training	_____
On-the-Job Training	_____	Dept. Safety Policy (safety rules & regulations, OJI procedures)	_____
Distribute Keys, Uniforms, Tools, Safety Equipment, etc.	_____		_____

Other: \_\_\_\_\_

The above items have been discussed/reviewed with me.

Employee \_\_\_\_\_ Date \_\_\_\_\_

Department Representative \_\_\_\_\_ Date \_\_\_\_\_

## **SUPERVISOR'S DISCUSSION GUIDE**

### **DRUG-FREE WORKPLACE POLICY and DRUG AND ALCOHOL POLICY**

The Drug-Free Workplace Act is a Federal law which was enacted in 1988. Under this law, employers and employees have certain rights and responsibilities.

#### **THE EMPLOYER'S PART:**

EMPLOYERS have to tell employees that they can't bring in, make, distribute, sell, use or have drugs in their possession while on the job.

WE must tell you that if you do bring in, make, distribute, sell, use or have drugs in your possession while on the job, we will impose disciplinary action, up to and including termination. An employee may be required to submit to drug testing in cases of reasonable suspicion.

WE must tell you the dangers of drugs in the workplace. Some training has been done in this area, and more will be done in the future.

WE will tell you what help is already available in combating drug problems. You have already received handouts discussing the Employee Assistance Program, and additional information is available upon request.

#### **THE EMPLOYEE'S PART:**

YOU must read our policy statement and sign a document certifying that you've read the statement or have received a copy.

YOU have to agree to abide by the rules of our Drug-Free Workplace. (We can discharge you if you don't.)

YOU have the right to know what help is available to aid you in overcoming an involvement with drugs (Employee Assistance Program).

If you're convicted (including pleas of no contest) of a criminal drug violation in our workplace, YOU must tell us WITHIN FIVE DAYS after the conviction. (We can discharge you if you don't.)

THE CITY OF OKLAHOMA CITY'S DRUG-FREE WORKPLACE POLICY  
AND DRUG AND ALCOHOL POLICY

In accordance with the guidelines set forth in the Drug-Free Workplace Act (Act) of 1988, it is the policy of the City of Oklahoma City that the unlawful manufacture, distribution, dispensing, possession or use of an illegal chemical substance and/or alcohol during working hours or on City property including buildings, parking lots, and vehicles is prohibited.

As a condition of employment, each employee must:

1. abide by the terms of The City of Oklahoma City's Drug-Free Workplace Policy (Departmental Memo No. 89-14, Management Bulletin 89-1, April 28, 1989; and Personnel Service Bulletin 91-2).
2. notify the City of any criminal drug conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

Pursuant to the Act, "conviction of a criminal drug offense" includes a finding of guilt (including a plea of no contendere) or imposition of sentences by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes. These include the manufacture, dispensation, use, or possession of any controlled substances defined in Paragraph 5157 (3) of the Act. Although the Act only addresses violations "occurring in the workplace", any employee who has violated any provision of the City's policies relative to alcohol and/or drugs will be subject to appropriate disciplinary action, up to and including termination.

The City of Oklahoma City has established an Employee Assistance Program (EAP) to educate employees concerning the danger of the substance abuse in the workplace, provide assessment and referral to appropriate counseling services, and/or to monitor employees with identified substance abuse problems.

I understand the provisions of The City of Oklahoma City's Drug-Free Workplace Policy and Drug and Alcohol Policy approved by the City Council on March 27, 1990, and agree to abide by the terms of these policies.

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Signature of Employee

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Date

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Signature of Supervisor

**SECONDARY EMPLOYMENT REQUEST/NOTIFICATION**

**Article 3, Section 301 of the Personnel Policies provides: An employee shall not engage in any secondary employment or other activity which would compromise impartiality or independence of judgment in the performance of City job duties or create a conflict of interest. An employee must provide information regarding secondary employment when requested by the supervisor. Violation of this policy is cause for discipline and/or termination.**

**Article IV, Sections 8, 9, and 11 of the Charter of the City Of Oklahoma City, respectively, prohibit City employees from holding employment with any other governmental entity while employed with the City; prohibit City employees from receiving further compensation other than the salary attached to the position held; and prohibit City employees from having an interest in a City contract, either directly or indirectly.**

**Employee Name:** \_\_\_\_\_ **Title/Position** \_\_\_\_\_

**Department/Division:** \_\_\_\_\_

**Name of Secondary Employer:** \_\_\_\_\_

**Address of Secondary Employer:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Description of Work to be Performed:** \_\_\_\_\_

**Anticipated Length of Employment:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**NOTE: If it is determined that the secondary employment violates Article 3, Section 301 of the Personnel Policies and/or the City Charter, the employee is required to resign the secondary employment or resign his/her position with the City of Oklahoma City.**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

The secondary employment specified above does \_\_\_\_\_ does not \_\_\_\_\_ violate Article 3, Section 301 of the Personnel Policies and/or the City Charter.

**Comments (If applicable, describe how employment violates the Personnel Policies and/or City Charter):**

\_\_\_\_\_  
**Section Head Approval/Date**

\_\_\_\_\_  
**Section Head Denial/Date**

\_\_\_\_\_  
**Division Head Approval/Date**

\_\_\_\_\_  
**Division Head Denial/Date**

\_\_\_\_\_  
**Department Head Approval/Date**

\_\_\_\_\_  
**Department Head Denial/Date**

**Original – Director**

**1 copy – Employee**

**1 copy - Division**