## ATTACHED AFFIDAVIT DRUG FREE WORKPLACE RENEWAL FORM

Please return the attached form within 30 days of this notice, or your Drug Free Workplace Certification may be revoked.

## **Kentucky Department of Workers' Claims Drug-Free Workplace Renewal Affidavit**

As a duly authorized agent of	, I,	, do
hereby swear and affirm with this Drug-Free Annu	ual Renewal Affidav	it that our company
continues to abide by and comply with the provisi	ons set forth in our i	nitial drug-free
workplace certification in accordance with 803 KA	AR 25:280 dated	This
includes but is not limited to the following:		

- 1. Provide a copy of the Drug-Free Workplace Statement to each employee and post the statement at a prominent place at the workplace.
- 2. Provide an alcohol and substance abuse education and awareness training program.
- 3. Notify employees of actions that will be taken against them for violations of the drug-free workplace program.
- 4. Provide alcohol and drug testing. The testing protocol includes breath alcohol testing and the 11 panel urine test.
- 5. Provide confidential and timely services through the Employee Assistance Program (EAP).
- 6. Maintain the drug-free workplace program in compliance with all applicable federal and state laws and regulations.
- 7. Provide copies of documents with this renewal application if changes or amendments have been made to the material filed with the initial application.
- 8. Certify compliance with the regulatory requirements of 803 KAR 25:280.
- 9. Attach a copy of the current workers' compensation **Certificate of Insurance**.
- 10. Return form to: Dept. of Workers Claims Mayo-Underwood Building, 500 Mero St. 3<sup>rd</sup> Floor, Frankfort, KY 40601 Attn: Tara A. Aziz or email at tara.aziz@ky.gov

Dated this	the day o	of, 20
		Signature
		Name in Print
		Title
STATE O	F	
COUNTY	OF	
Subscribed and sworn to before me by on this the day of, 20		
		Notary Public
My commi	ission expires:	·
	Approved By:	
	Renewal Date:	
	Certificate Sent By:	Date: