**NON-IMPAIRMENT AGREEMENT**

As part of [Company’s] drug-free workplace policy, it is required for all employees to be not under the influence of a substance of use or ‘non-impaired’ when they report to his/her workplace (including all job sites at other locations and in company owned vehicles) each day and during his/her entire shift.

In accordance with our drug-free workplace policy, [Company] requires that all employees sign an agreement to abstain from the use of alcohol and/or other substances of use, to include ingestion and inhalation, during work hours and on all work premises including company-owned vehicles.

While Maine law expressly prohibits employees from being discriminated against for lawfully engaging in conduct involving the use of marijuana, whether medical or recreational, the law does not require [Company] to accommodate an employee’s ingestion of marijuana in the workplace or to permit an employee to work while under the influence of marijuana – therefore, the activity is prohibited.

The legal use of prescribed drugs is permitted on the job only if it does not impair an employee’s ability to perform the essential functions of the job effectively and safely, in a manner that does not endanger clients or other individuals in the workplace.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree not to be under the influence of alcohol and/or other substances of use when I report to work each day or anytime during my entire shift.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that in the event that I violate this agreement or any part of [Company’s] drug-free workplace policy it may result in my immediate termination.

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Signature of Employee Date

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Signature of Supervisor Date