

EMPLOYEE CONVICTION/DISPOSITION REPORT

BY LAW, THIS REPORT MUST BE FILED WITH THE COLLABORATIVE DIRECTOR NO LATER THAN FIVE DAYS FOLLOWING ANY CONVICTION (INCLUDING PLEAS OF GUILTY, NOLO CONTENDERE, OR ANY OTHER DISPOSITION WHICH DOES NOT RESULT IN ACQUITTAL, OF VIOLATING A CRIMINAL DRUG STATUTE ARISING FROM WORK-PLACE CONDUCT. FAILURE TO SO REPORT TO THE COLLABORATIVE DIRECTOR WITHIN FIVE DAYS MAKES YOU LIABLE TO DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION.

EMPLOYEE NAME: _____

PROGRAM: _____

POSITION: _____ **DATE HIRED:** _____

I hereby report that I was convicted of, or plead guilty to nolo contendere to, the following violation of a criminal drug statute arising from work-place conduct. (Describe violation, when and where it happened): _____

This conviction/disposition was entered in the following court at the date shown:

COURT: _____ **DATE:** _____

TODAY'S DATE: _____

I understand that within thirty (30) days of today's date, the Cape Cod Collaborative must either discipline me, including the possibility of terminating me, or refer me for participation in an authorized drug abuse assistance or rehabilitation program. If the CCC chooses to refer me to a program, I must satisfactorily take part in the program to continue with my employment in the Collaborative. My preference in action:

_____DISCIPLINARY ACTION

_____DRUG ABUSE ASSISTANCE OR REHABILITATION PROGRAM

SIGNATURE: _____ **DATE:** _____