

**OBJECTIVE** To provide a safer, more efficient and drug-free workplace.

**METHOD OF OPERATION**

**Policy** The Greater Orlando Aviation Authority intends to provide a drug-free workplace. Pursuant to that goal, the following actions are taken:

- All employees will be notified that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by an employee on any of the Aviation Authority's premises or facilities, or while in any GOAA vehicle, is strictly prohibited. (For purposes of this statement of policy, the term "controlled substance" means a controlled substance in schedules I through V of the federal Controlled Substance Act, 21 U.S.C.812, and as further defined by federal regulations 21 C.F.R. 1308.11 through 1308.15.)
- A Drug-Free Awareness Program is adopted as more particularly set forth in GOAA Policy and Procedure Manual, Section 209.07, Drug-Free Awareness Program.
- Each employee will receive a copy of this Statement of Policy.

**Condition of Employment** As a condition of employment with the Aviation Authority, all employees must:

- abide by the terms of this Drug-Free Workplace Policy,
- notify the Aviation Authority in writing no later than five (5) calendar days after any criminal drug statute conviction for a violation occurring in the workplace.

The Aviation Authority will notify the Federal Aviation Administration in writing within ten (10) calendar days of its actual notice of any such conviction of any employee.

**Violation of Drug-Free Workplace Policy** Violation of the Aviation Authority's Drug-Free Workplace Policy will result in disciplinary action ranging from suspension without pay to termination of employment, or required participation in a drug abuse assistance or rehabilitation program, as may be determined pursuant to the

Aviation Authority's Policy and Procedure Manual, Section  
204.02, Allegations of Misconduct.

**APPROVAL AND UPDATE HISTORY**

**Format and  
Re-numbering  
Approval**            Aviation Authority Board: August 28, 1991 (4R)

**Last Approval**            Aviation Authority Board: May 17, 2017  
Chief Executive Officer: January 26, 2017

**Supersedes**            All Previous

AUTHORIZATION FORM  
ADVANCEMENT OF MANAGEMENT LEAVE

Employee Name \_\_\_\_\_ Employee # \_\_\_\_\_

Department \_\_\_\_\_

I acknowledge that I have requested and that I have been advanced \_\_\_\_\_ hours of management leave to be taken on \_\_\_\_\_ and that the advanced management leave hours are deemed to be a pay advance in the event that I terminate my employment with the Aviation Authority prior to six (6) months of employment.

I understand that the approved management leave was granted prior to the end of the six (6) month waiting period and I further understand that if my employment is terminated prior to the six month eligibility window, the management leave hours that I have been advanced and granted will be deducted from the gross pay in my final paycheck with the Aviation Authority.

By signing below, I consent to and I authorize the Aviation Authority to deduct the advanced management leave hours from the gross pay of my final paycheck. In the event of nonsufficient regular hours for my final check, I further agree to promptly reimburse the Aviation Authority for the balance of any used management leave hours.

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

\_\_\_\_\_  
Date