

**California State University, Long Beach Research Foundation**

**Memorandum**

TO: CSULB Research Foundation Employees  
FROM: Human Resources Department  
SUBJECT: Drug-Free Workplace Policy

---

---

In accordance with the Drug-Free Workplace Act of 1988 (41 U.S.C. § 701 et. seq.), the California State University, Long Beach Research Foundation (Research Foundation) has established the following policy:

*Due to the prevalent use of illegal drugs in the United States and the hazards they pose in the workplace, not only to the abuser but to the general population as well, the Research Foundation strictly prohibits the manufacture, sale, purchase, offer to sell or purchase, distribution, use, dispensation or possession of illegal drugs in the workplace. Physician-prescribed medications may be used by employees, provided the drugs do not adversely affect job performance or the safety of the employee or other individuals in the workplace.*

*It is the responsibility of any Research Foundation employee convicted of a criminal drug offense occurring in the workplace to notify the Research Foundation Human Resources Department within five (5) calendar days of conviction. Action may be taken against any Research Foundation employee convicted of a criminal drug offense occurring in the workplace. Appropriate action may include discipline, up to and including termination, and/or the requirement of satisfactory participation in a drug treatment program as deemed necessary by the Research Foundation Chief Operating Officer or his designee.*

*To further enhance this effort, a drug-free awareness program has been established to inform Research Foundation employees of the dangers of drug abuse in the workplace, and the availability of drug counseling and rehabilitation programs. This program is designed to assist all Research Foundation employees. Any employee who wishes further information should contact the Research Foundation Human Resources Department at (562) 985-7950.*

**Employee Acknowledgment**

I understand compliance with the above policy is a condition of my employment with the CSULB Research Foundation, and I agree to abide by the above policy.

Employee Name (printed) \_\_\_\_\_

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

**Please complete and return this form to: CSULB Research Foundation Human Resources Department  
6300 State University Drive, Suite 332  
Long Beach, CA 90815**

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_  
(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
- No, I do not have a disability and have not had one in the past
- I do not want to answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

Empeon Updated By: \_\_\_\_\_ Date: \_\_\_\_\_