

**Southern Ute Community Action Programs, Inc.  
Secure Workplace Policy Agreement**

It is the policy of SUCAP to endeavor to provide its employees and program participants a safe, healthy, and secure environment. Our continued existence depends on providing our communities with service of quality and value. This requires a high level of productivity and efficiency. The occurrence of violence or the possession of weapons in the workplace is inconsistent with these objectives. SUCAP does not wish to intrude into the private lives of its present and potential employees; however, it expects all employees to report to work without weapons and to perform their jobs without committing violent acts toward any other individual **or property**. SUCAP expects all employees to work in a safe and productive manner; therefore SUCAP is adopting this Secure Workplace Policy.

**When a potential threat to safety and or security exists, SUCAP has the right to inspect personal and or program property on SUCAP premises.**

**Prohibited Activities**

SUCAP specifically prohibits the following:

1. The use, possession, transfer, or sale of any weapon on SUCAP property, program site, or at any function sponsored by SUCAP. Weapons include: by way of example and without limitation, **any device**, which may by design, cause bodily injury.
2. The possession of a weapon for the commission or intent of committing a violent act against the person or property of another.
3. Refusal to sign an agreement to comply with SUCAP Secure Workplace Policy.
4. Refusal to participate in an investigation pertaining to allegations or suspicion that violence has (occurred) or is likely to occur, or an investigation pertaining to the carrying of a weapon by the employee, another employee, or a program participant.
5. Harm, or threatening to harm, any person or property on SUCAP premises or at any SUCAP sponsored function, or to any SUCAP property wherever located.

**Program participants may be denied services and employees will be disciplined, up to and including immediate discharge, for committing any of the above prohibited acts or other similar actions.**

I have read and agreed to comply with the SUCAP Secure Workplace Policy:

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

Print Full Name \_\_\_\_\_

Witness: \_\_\_\_\_

**Please email this completed form to [hr@sucap.org](mailto:hr@sucap.org) – signatures are requested during orientation.**