**WORKPLACE SEARCHES POLICY**

**SEARCHES ON COMPANY PREMISES**

To promote a safe, secure, and efficient workplace, [EMPLOYER'S NAME] reserves the authority to inspect employee possessions and surroundings. This may include clothing, workspaces, desks, [lockers], [bags], [toolboxes], containers, packages, employer-provided vehicles, or personal vehicles parked on company property [if they are suspected of containing items prohibited under [EMPLOYER'S NAME]'s policies].

While on company premises, employees should not expect privacy except in areas explicitly recognized for privacy, such as [restrooms, locker rooms, or other clearly designated spaces].

[Failure to consent to an inspection may lead to disciplinary action.]

This policy is designed to comply with all applicable labor laws in the state of Nebraska.

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department is responsible for managing and enforcing this policy. For any questions regarding workplace searches or related concerns not covered here, please contact the [DEPARTMENT NAME] Department directly.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The provisions of this policy operate alongside the terms of any collective bargaining agreement (CBA) between a union and [EMPLOYER'S NAME]. These policy terms do not replace, modify, or add to any conditions outlined in the CBA.

Employees should review the specific terms of their collective bargaining agreement. In cases where this policy conflicts with the CBA, the terms of the collective bargaining agreement will take precedence.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date