

Drug and Alcohol Abuse Testing Acknowledgment/Agreement

I have read and been informed about the content, procedures and expectations of the Drug and Alcohol Abuse Testing Policy. I have received a copy of the policy and agree to abide by the guidelines as a condition of employment and continuing employment by the District.

I agree to be tested according to the drug and alcohol testing policy.

I understand that agreeing to be tested according to the drug and alcohol testing policy is a condition of employment and continuing employment by the District.

I understand that if I have questions, at any time, regarding the Drug and Alcohol Abuse Testing Policy and Procedures, I will consult the Superintendent or his designee.

I understand that refusal to sign this document constitutes a refusal to test and the Superintendent will follow the Drug and Alcohol Abuse Testing Policy regarding a refusal to test in accordance with Board policy and state law.

Employee Signature

Employee Printed Name

Date

Policy History:

Adopted on: June 18, 2015

Revised on: