

TO BE SIGNED BY THE EMPLOYEE.
ONE COPY GIVEN TO THE EMPLOYEE.
THE ORIGINAL PLACED IN EMPLOYEE'S PERSONNEL FILE.

NAME OF EMPLOYEE (print) _____

School District / Building Name & No. _____

I acknowledge receipt of a copy of East Peoria Elementary School District #86 Policy #5.50, Drug and Alcohol Free Workplace.

Employee's Signature

Witnessed by (name and title)

Date