

**Code No. 403.7E2 DRUG AND ALCOHOL TESTING PROGRAM
ACKNOWLEDGMENT FORM**

I, _____ (Name of Employee), have received a copy, read and understand the Drug and Alcohol Testing

Program policy and its supporting documents. I consent to submit to the drug and alcohol testing program as required by the Drug and Alcohol Testing Program policy, its supporting documents, regulations and the law.

I understand that if I violate the Drug and Alcohol Testing Program policy, its supporting document, regulations or the law, I may be subject to discipline up to and including termination or I may be required to successfully participate in a substance abuse evaluation and a substance abuse treatment program, if recommended by the substance abuse professional. If I am required to and fail to or refuse to successfully participate in a substance abuse evaluation or recommended substance abuse treatment program, I understand I will be subject to discipline up to and including termination.

I also understand that I must inform my supervisor of any prescription medication I use. I further understand that drug and alcohol testing records about me are confidential and may be released in accordance with this policy, its supporting documents, regulations or the law.

(Signature of Employee)

(Date)