

8.28F DRUG-FREE WORKPLACE POLICY ACKNOWLEDGEMENT

Certification:

I hereby certify that I have been presented with a copy of the Paris School District's drug-free workplace policy (also available on the schools website, parisschools.org, policy number 8.28) , that I have read the statement, and that I will abide by its terms as a condition of my employment with the District.

PRINTED NAME: _____

Signature _____

Date _____