

DRUG AND ALCOHOL TESTING PROGRAM ACKNOWLEDGMENT FORM

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

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 and the law.

I understand that if I violate the Drug and Alcohol Testing Program policy, its supporting documents, regulations or the law, I may 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 or the law.

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(Signature of Employee)

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(Date)