— ACKNOWLEDGMENT —

DRUG-FREE WORKPLACE/DRUG-FREE SCHOOL POLICY

| I have received a copy of | f the | Drug-Free | Workplace/Drug-Free | School | Policy | of |
|---------------------------------|-------|-----------|---------------------|--------------|--------|----|
| dependent School District No, | | | | , Minnesota. | | |
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| | | | | | | |
| Dated: | | | | | | |
| | | | | | | |
| | | | | | | |
| Signature of Employee/Applicant | | | | | | |
| | | | | | | |
| Typed or Printed Name | | | | | | |