

**ALCOHOL AND DRUG TESTING PROGRAM
ACKNOWLEDGMENT FORM**

I, _____, have received, read and understand the Alcohol and Drug Testing Program policy and regulation. I consent to submit to the alcohol and drug testing program as required by law and district policy and regulation.

I understand that if I violate district policy, regulation 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, if recommended, a substance abuse treatment program. 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 may be subject to discipline up to and including termination.

Signature of Employee

Date

1st Reading: April 19, 2010
Adoption Date: May 17, 2010