

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 and the law.

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

(Signature of Employee)

(Date)