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 the supporting administrative regulations. I consent to submit to the drug and alcohol testing program as required by the policy, the supporting administrative regulations, and the law.

I understand that if I violate the Drug and Alcohol Testing Program policy, the supporting administrative regulations, 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.

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, the regulations, or the law.

_____ _____

Signature of Employee Date