

Employee Acknowledgment Form
Alcohol and Drug-Free Workplace

I, THE UNDERSIGNED EMPLOYEE OF EAST CENTRAL BOCES, have received a copy of the Alcohol and Drug-Free Workplace policy and:

1. I agree to abide by the terms of the policy.
2. I agree to notify my supervisor if I am convicted of violating a criminal drug statute in the workplace no later than five days after the date of such conviction.

Employee name (Printed)

Employee signature

Date

EAST CENTRAL BOCES
BOARD POLICY
Adopted: June 17, 2015