

**DRUG AND ALCOHOL TESTING PROGRAM
ACKNOWLEDGEMENT FORM**

I, _____, have received a copy, read and understand the drug and alcohol testing program policy and its supporting regulation. I consent to submit to the drug and alcohol testing program as required by the policy, regulation and the law.

I understand that if I violate the drug and alcohol testing program 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 treatment program approved by the board. If I am required to do the latter and fail to successfully participate in a substance abuse treatment program, I understand I may be subject to discipline up to and including termination. I also understand that if I am required to successfully participate in a substance abuse treatment program and I refuse to participate, I may be subject to discipline up to and including termination.

I further understand that I must inform my supervisor of any prescription medication I use. I understand that medical information and other drug and alcohol testing records concerning me are confidential and released in accordance with this policy, its supporting regulation and the law.

(Signature of employee)

(Date)