**FILE: EEAE-E**

**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.

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 may be subject to discipline up to and including termination. 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 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.

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*(Signature of employee)*

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*(Date)*