

**Employee Acknowledgement of Understanding For Drug/Alcohol Testing**

I acknowledge that I have received a copy of the applicable Drug Free/Alcohol Free Schools Policy (03.13251 and 03.23251 and related administrative procedures 03.13251 AP.1 and 03.13251 AP.11).

I understand that the Board will begin random drug and alcohol testing for all employees in safety sensitive positions beginning \_\_\_\_\_, 20\_\_\_\_ and that I may be selected at random for a drug and/or alcohol test if I am in a safety sensitive position. The Board may also require that I be tested for drugs or alcohol at any time if Board officials have reason to believe that I am under the influence of illegal drugs or alcohol. I authorize the release of the results of the test to authorized officials of the Board and its designated or professional representatives.

I recognize that if I test positive for illegal drugs or alcohol or adulterate a test sample, my employment will be terminated. I also understand that my failure or refusal to cooperate fully and participate in the Board's drug and alcohol testing program, sign any required document, or submit to a drug or alcohol screening test if I am selected will result in my discharge.

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Name (Sign)

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Name (Print)

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Date

Review/Revised:1/15/07