

**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 law.

\_\_\_\_\_  
(Signature of Employee)

\_\_\_\_\_  
(Date)