

**Garfield County School District No. 16
Alcohol and Drug-Free Workplace
Employee Acknowledgement Form**

I, the undersigned employee of the Garfield County School District No. 16, 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 or typed)

Employee signature

Date