

GALLIPOLIS CITY SCHOOL DISTRICT
CERTIFICATE OF RECEIPT

POST ACCIDENT - DRIVERS RESPONSIBILITIES INFORMATION

I have received the Post-Accident - Driver's Responsibilities Information. I understand that I am responsible for being drug and alcohol tested following an accident that requires such testing as described in Board of Education regulation EEACD-R "Post-Accident Tests."

I also understand that failure to comply with such Post-Accident testing shall be deemed a Refusal to be tested and that I may thereafter be disciplined for such refusal, up to and including termination.

Date

Employee's Signature

For the Gallipolis City School District

Employee's Name

[Adoption date: November 20, 1995]

Revised: July 17, 1996