

**Employee Acknowledgment Form
Drug-Free Workplace**

I, THE UNDERSIGNED EMPLOYEE OF Garfield School District No. Re-2, Rifle, Colorado have received a copy of the 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 (typed)

Employee signature

Date

File: GBEC-E

Garfield School District No. Re-2, Rifle, Colorado