



— ACKNOWLEDGMENT —

**DRUG-FREE WORKPLACE/DRUG-FREE SCHOOL POLICY (Policy 416 & 418)**

I have received a copy of the Drug-Free Workplace/Drug-Free School Policy of the Big Lake School District No. 727, Big Lake, Minnesota.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee/Applicant*

\_\_\_\_\_  
*Typed or Printed Name*

**DRUG AND ALCOHOL TESTING POLICY AND MATERIALS (Policy 416)**

I have received a copy of the Drug and Alcohol Testing Policy of the Big Lake School District No. 727, Big Lake, Minnesota and have read it in its entirety. I understand that I am subject to the provisions of this policy.

The District’s policy was provided to me:

- Upon adoption of the policy. (employee).
- Upon my hire. (job applicant/new employee).

I also received materials concerning the effects of alcohol and controlled substances use on an individual’s health, work, and personal life; signs and symptoms of an alcohol or drug problem; and available methods of intervening when an alcohol or drug problem is suspected.

I have been advised that the Alcohol and Controlled Substances Testing Program Manager is the Human Resources Manager and that any questions I may have concerning the Policy should be directed to him/her.

|              |   |
|--------------|---|
| Dated: _____ | _____<br><i>Signature of Employee/Applicant</i> |
|              | _____<br><i>Typed or Printed Name</i>           |