

**Notus School District No. 135**

**PERSONNEL**

**5320F**

Drug and Alcohol Abuse Testing Acknowledgment

I have read and been informed about the content, procedures, and expectations of the Drug and Alcohol Abuse Testing Policy and Procedures. I have received a copy of the policy and procedures and agree to abide by the guidelines as a condition of employment and continuing employment by the District.

I understand that if I have questions, at any time, regarding the Drug and Alcohol Abuse Testing Policy and Procedures, I will consult the Superintendent or his/her designee.

I understand that refusal to sign this document constitutes a refusal to test and the Superintendent will follow the Drug and Alcohol Abuse Testing Policy and Procedures regarding a refusal to test in accordance with Board policy and state law.

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Employee Signature

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Employee Printed Name

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Date

Form History:

Adopted on: November 9, 2009

Revised on:

Reviewed on: May 24, 2023