D300-E

CERTIFICATION OF RECEIPT

I certify, pursuant to Department of Transportation Guidelines and Board Policy D300, that I received a copy of Board Policy D300 Alcohol and Controlled Substance Policy for CDL and Safety-Sensitive Positions, Board Policy D275 Drug-Free Workplace, D350 Fitness for Duty Leaves and Examinations, and D400 Family & Medical Leave. Additionally, I certify that I received a copy of the Transportation Handbook.

_____	_____
Printed Name	Position Title
_____	_____
Signature	Date
_____	_____
Supervisor Signature	Date