Clark County School District No. 161

PERSONNEL **5320F1**

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 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.

_____
Employee Signature

_____
Employee Printed Name

_____
Date

Policy History:
Adopted on: 05/13/2013
Revised on: