

## EMPLOYEE ACKNOWLEDGMENT & CONSENT OF CDL DRUG & ALCOHOL TESTING POLICY AND PROCEDURES

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I, \_\_\_\_\_, SSN, \_\_\_\_\_, in accordance with the district's CDL Drug & Alcohol Testing Policy and Procedures, which I have read and understand, do hereby give my consent to abide by the requirements of the policy and procedures. I acknowledge that I have received educational materials relating to the drug and alcohol testing program.

I understand that I am required under Federal law, as indicated in 49 CFR Part 382, to be subject to testing for alcohol and controlled substances.

Furthermore, I understand that if the test results indicate the presence of controlled substances or the misuse of alcohol, I may be subject to disciplinary action up to and including termination by my employer.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
School District

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**THIS FORM IS TO BE RETAINED BY THE EMPLOYER IN A SECURED  
LOCATION SEPARATE FROM THE EMPLOYEE'S PERSONNEL FILE**