ALCOHOL AND DRUG TESTING PROGRAM ACKNOWLEDGMENT FORM

I, _____, have received, read and understand the Alcohol and Drug Testing Program policy and regulation. I consent to submit to the alcohol and drug testing program as required by law and district policy and regulation.

I understand that if I am being required to submit to a pre-employment alcohol test or a dilute specimen re-test, such test is required pursuant to district policy for employment with the district and not pursuant to federal regulations.

I understand that if I violate district policy, regulation or the law, I may be subject to discipline up to and including termination or I may be required to successfully participate in a substance abuse evaluation and, if recommended, a substance abuse treatment program. If I am required to and fail to or refuse to successfully participate in a substance abuse evaluation or recommended substance abuse treatment program, I understand I may be subject to discipline up to and including termination.

_____ _____

Signature of Employee Date

Adoption date: February 12, 2009