



## Drug and Alcohol Testing Program Acknowledgement Form

Code 403.19-E2

I, \_\_\_\_\_, have received a copy, read, and understand the  
*(Name of employee)*  
Drug and Alcohol Testing Program policy and its supporting administrative regulations. I consent to submit to the drug and alcohol testing as required by the Drug and Alcohol Testing Program policy, the supporting documents, regulations, and the law.

I understand if I violate the Drug and Alcohol Testing Program policy, the supporting documents, regulations, or the law that 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.

I also understand that I must inform my supervisor of any prescription medication I use. I further understand that drug and alcohol testing records are confidential and may be released in accordance with this policy, the supporting documents, regulations, or the law.

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

\_\_\_\_\_  
Date