



Drug and Alcohol Testing Program Acknowledgement Form

Code 403.19-E2

I, _____, have received a copy, read, and understand the Drug and Alcohol Testing Program policy of the Linn-Mar Community School District 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, its supporting documents, regulations, or the law.

Signature of Employee/Applicant

Date

Please return this signed form to the Human Resources office (2999 N 10th St, Marion, IA 52302)

Reviewed 9/14; 8/17

Related Policy (Code#): 403.19; 403.19-E1

IASB Reference: 403.6E2