



Policy 403.19-E2 Drug and Alcohol Testing Program Acknowledgement Form

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 Signed: _____

Please return this signed form to:
Linn-Mar Community School District
Human Resources Office
2999 N 10th Street
Marion IA 52302