

**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
3556 Winslow Road
Marion IA 52302

Reviewed: 9/14; 8/17; 6/20; 4/23
Revised: 9/24
Related Policy (403.19; 403.19-E1
Legal Reference (Code of Iowa): § 124; 279.8; 321.375; 730.5
IASB Reference: 403.06-E(2)