

DRUG FREE WORKPLACE POLICY

Acknowledgement and Agreement

Under the terms of the Drug-Free Workplace Act, we are required to give you a copy of our official policy statement concerning the establishment of a drug-free workplace.

Please sign below to indicate that:

- You have received this statement.
- You have read it or been informed of its content.
- You agree to abide by this policy in all respects.

NOTE THAT THE LAW REQUIRED YOU TO ACKNOWLEDGE AND AGREE TO THE ABOVE AS A CONDITION OF CONTINUED EMPLOYMENT.

Acknowledge and Agreed.

Signature

Print Name Here

Agency

Date