

# Board Policy

Code No. 403.5E2

## SUBSTANCE-FREE WORKPLACE ACKNOWLEDGEMENT FORM

1. I, \_\_\_\_\_, have read and understand the entire Substance-Free Workplace policy. I understand that if I violate the Substance-Free Workplace policy, I may be subject to discipline up to and including termination.
2. and I may be required to initially participate in a substance abuse treatment program.
3. I understand that if I refuse to participate in a substance abuse treatment program, then I will be terminated. I also understand that if I am convicted of a criminal drug offense committed in the workplace, I must report that conviction to my supervisor within five days of the conviction.
4. If I fail to successfully participate in a substance abuse treatment program, I understand I will be terminated.
5. I understand that a second confirmed positive drug or alcohol test or confirmed abuse of a legal drug will result in termination of employment.

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

\_\_\_\_\_  
Date

*Reapproved: February 17, 2004  
December 4, 2006  
April 18, 2011*