SUBSTANCE ABUSE AND DRUG-FREE WORKPLACE POLICY

EMPLOYEE ACKNOWLEDGEMENT

My signature below acknowledges that:

1. I have received a copy of the Division of Administration's *Substance Abuse and Drug-Free Workplace Policy.*
2. I have read this policy or have had someone read this policy to me.
3. I understand the content of this policy.
4. I agree to comply with the terms and conditions of this policy.

I further acknowledge that compliance with this policy is a condition of my employment and continued employment.

_____ _____

Date Employee's Signature

_____ _____

Section Employee's Printed Name (Last, First)