

ACKNOWLEDGEMENT OF POLICY RECEIPT

- I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE ANTI-DRUG AND ALCOHOL MISUSE POLICY CREATED FOR THIS COMPANY.
- I UNDERSTAND THAT THIS POLICY REPLACES ANY AND ALL PRIOR VERBAL AND WRITTEN COMMUNICATIONS REGARDING ANTI-DRUG AND ALCOHOL MISUSE POLICIES.
- I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS POLICY AND WILL ACT IN ACCORD WITH THESE POLICIES AND PROCEDURES AS A CONDITION OF MY EMPLOYMENT WITH THIS COMPANY.
- I UNDERSTAND THAT IF I HAVE QUESTIONS OR CONCERNS AT ANY TIME ABOUT THE POLICY, I WILL CONSULT MY DESIGNATED EMPLOYEE REPRESENTATIVE (DER).
- BY SIGNING BELOW, I UNDERSTAND THAT REVISIONS MADE TO THE POLICY CAN TAKE PLACE AT ANY TIME.

X

Employee Signature

Printed Name

Date

**MY SIGNATURE ACKNOWLEDGES MY COMPLETE UNDERSTANDING
OF THE COMPANY ANTI-DRUG AND ALCOHOL MISUSE POLICY.**

X

DAPM/DER Signature

Printed Name

Date