

Jerome School District #261
SUBSTANCE ABUSE POLICY 5320-F

ACKNOWLEDGEMENT OF RECEIPT OF DRUG TESTING PROGRAM AND AGREEMENT TO ABIDE BY THE PROGRAM

I, _____, hereby acknowledge that I have received a copy of the Drug Testing Program.

In conjunction with my receiving a copy of the Jerome School District's Drug Testing Program, I further acknowledge the following:

I have read the program and fully understand the terms contained therein, and the consequences for violating any terms of the program.

I understand that my compliance with all terms of the program is a condition of my employment with the Jerome School District to abide by all terms of the program.

I authorize the lab and/or Medical Review Officer retained by the district to release test result information to the Jerome School District.

_____/_____ / _____
Employee's Signature Date

Witnessed by: Jerome Public Schools #261

By: _____ / _____
Witness's Signature Witness's Printed Name

Date: _____

Policy History:

Adopted on: 09/27/11

Revised on: