

Acknowledgement of Understanding For Drug/Alcohol Testing

For School Year 2012-2013

I acknowledge that I have received a copy of the applicable Drug Free/Alcohol Free Schools Policy (03.13251 and 03.23251 and understand that the Board will begin random drug and alcohol testing for all employees beginning with the 2010-2011 school year, and that I may be selected at random for a drug and/or alcohol test. The Board may also require that I be tested for drugs or alcohol at any time if Board officials have reason to believe that I am under the influence of illegal drugs or alcohol. I authorize the release of the results of the test to authorized officials of the Board and its designated or professional representatives.

I recognize that if I test positive for illegal drugs or alcohol or adulterate a test sample, I will be subject to discipline up to and including termination of my employment. I also understand that my failure or refusal to cooperate fully and participate in the Board's drug and alcohol testing program, sign any required document, or submit to a drug or alcohol screening test if I am selected I will be subject to discipline up to and including termination of my employment.

As an applicant for employment, I recognize that if I test positive for illegal drugs or adulterate a test sample, I will not be eligible for employment in the District.

Name (Sign)

Name (Print)

Date