

**ALCOHOL AND DRUG TESTING PROGRAM  
ACKNOWLEDGMENT FORM**

I, \_\_\_\_\_, have received, read and understand the Alcohol and Drug Testing Program policy and regulation. I consent to submit to the alcohol and drug testing program as required by law and District policy and regulation.

I understand that if I am being required to submit to a pre-employment alcohol test or a dilute specimen re-test, such test is required pursuant to District policy for employment with the District and not pursuant to federal regulations.

I understand that if I violate District policy, regulation or the law, I may be subject to discipline up to and including termination or I may be required to successfully participate in a substance abuse evaluation and, if recommended, a substance abuse treatment program. If I am required to and fail to or refuse to successfully participate in a substance abuse evaluation or recommended substance abuse treatment program, I understand I may be subject to discipline up to and including termination.

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

\_\_\_\_\_  
Date