

# **DRUG FREE WORKPLACE POLICY**

## **Acknowledgement and Agreement**

Under the terms of the Drug-Free Workplace Act, we are required to give you a copy of our official policy statement concerning the establishment of a drug-free workplace.

Please sign below to indicate that:

- You have received this statement.
- You have read it or been informed of its content.
- You agree to abide by this policy in all respects.

**NOTE THAT THE LAW REQUIRED YOU TO ACKNOWLEDGE AND AGREE TO THE ABOVE AS A CONDITION OF CONTINUED EMPLOYMENT.**

**Acknowledge and Agreed.**

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Signature

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Print Name Here

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Agency

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Date