

**DRUG AND ALCOHOL TESTING PROGRAM ACKNOWLEDGMENT  
FORM**

**NO. 405.8  
Exhibit B**

I, \_\_\_\_\_, have received a copy, read and understand the Drug and Alcohol Testing Program Policy and its supporting documents. I consent to submit to the drug and alcohol testing program as required by the Drug and Alcohol Testing Program policy, its supporting documents and the law.

I understand that if I violate the Drug and Alcohol Testing Program policy, its supporting documents or the law, I may be subject to discipline up to and including immediate termination. I further understand that drug and alcohol testing records about me are confidential and may be released in accordance with the policy, its supporting documents or the law.

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

\_\_\_\_\_  
Date

CROSS REF.:

LEGAL REF.:

Approved: 07/28/03

Reviewed: 04/25/16  
11/12/18  
08/07/23

Revised: \_\_\_\_\_