**Employee Acknowledgment Form/Alcohol and Drug-Free Workplace**

Frenchman School District RE-3

I*,* THE UNDERSIGNED EMPLOYEE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have received a copy of the Alcohol and Drug-Free Workplace policy and:

1.  I agree to abide by the terms of the policy.

2.  I agree to notify my supervisor if I am convicted of violating a criminal drug statute in the workplace no later than five days after the date of such conviction.

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Employee name (Printed)

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Employee signature

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Date

Issued: January 1991

Revised: May 1997