



PERSONNEL

5320F2

Drug and Alcohol Abuse Testing Agreement

I agree to be tested according to the drug and alcohol testing policy and procedures.

I understand that agreeing to be tested according to the drug and alcohol testing policy and procedures is a condition of employment and continuing employment by the District.

I understand that if I have questions, at any time, regarding the Drug and Alcohol Abuse Testing Policy and Procedures, I will consult the Superintendent or his or her designee.

I understand that refusal to sign this document constitutes a refusal to test and the Superintendent will follow the Drug and Alcohol Abuse Testing Policy and Procedures regarding a refusal to test in accordance with Board policy and State law.

Employee Signature

Employee Printed Name

Date