POLICY TITLE: Drugs & Alcohol Acknowledgement Form

Minidoka County Joint School District # 331

Employee Drugs and Alcohol Policy Acknowledgement Form

Please sign and return this portion of the document to your direct Supervisor.

I have read and do agree to abide by the provisions of the Minidoka County School District Policy 524.00 Employee Drugs, Alcohol & Tobacco.

All District employees are subject to drug testing based upon reasonable suspicion as outlined in Procedure 524P Employee Drugs, Alcohol & Tobacco.

For Transportation Department employees this includes the annual random drug testing of 50% of those employees who may drive school bus for the District.

Ten percent (10%) of all employees who regularly drive District owned vehicles will be included in an annual random testing.

Employee Name (Print):

School/Department:

Employee Signature

Date