Homedale Joint School District No. 370

PERSONNEL Policy 5320F1

Drug and Alcohol Abuse Testing Acknowledgement

I have read and been informed about the content, procedures, and expectations of the Drug and Alcohol Abuse Testing Policy and Procedures. I have received a copy of the policy and procedures and agree to abide by the guidelines as 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.

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Employee Signature
Employee Drinted Nome
Employee Printed Name
Date
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Policy History:
Adopted on: 00-00-00
Revised on:
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