POLICY TITLE: Drugs & Alcohol Acknowledgement Form

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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.

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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:	
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Employee Signature	<u>Date</u>	