



## Drug Free Workplace Policy Employee Acknowledgment

I, (print name) \_\_\_\_\_, hereby acknowledge that I have read and understood the policy of {COMPANY}, titled Drug Free Workplace Policy, and hereby agree to abide by this policy. I understand that {COMPANY} may require me to provide urine, blood or saliva samples for the purpose of analysis for the presence of drugs, alcohol or controlled substances. I further acknowledge that my cooperation is voluntary, but that my refusal to submit to the collection of a urine, blood or saliva sample will result in disciplinary action, including possible termination of employment, at {COMPANY's} exclusive discretion.

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Supervisor or Witness \_\_\_\_\_ Date \_\_\_\_\_