

DRUG AND ALCOHOL TESTING PROGRAM FORM

I, _____ have received a copy, read and understand the Drug and Alcohol Testing Program policy and its supporting administrative regulations. I consent to submit to the drug and alcohol testing program as required by the Drug and Alcohol Testing Program policy, its supporting administrative regulations and the law.

I understand that if I violate the Drug and Alcohol Testing Program policy, its supporting administrative regulations or the law, I may be subject to discipline up to and including termination.

I understand that drug and alcohol testing records about me are confidential and may be released in accordance with this policy, its supporting administrative regulations or the law.

(Signature of Employee) (Date)

DATE OF ADOPTION: December 13, 1995

DATE OF REVIEW: January 21, 2008

DATE OF REVISION: December 9, 1998