

**Employee Acknowledgement Form
Alcohol and Drug-Free Workplace Policy Statement**

Dolores School District RE-4A

I, the undersigned employee of Dolores School District RE-4A, have received a copy of the Alcohol and Drug-Free Workplace policy, and:

1. I agree to abide by the terms of the policy.
2. I agree to notify my supervisor if I am convicted of violating a criminal drug statute no later than five days after the date of such arrest or conviction.

Employee name (PLEASE PRINT) _____

Employee signature

Date