

**Employee Acknowledgment Form  
Drug-Free Workplace**

Sangre de Cristo School District

I, THE UNDERSIGNED EMPLOYEE OF \_\_\_\_\_, have received a copy of the 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 in the workplace no later than five days after the date of such conviction.

\_\_\_\_\_  
Employee name (Printed)

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

1<sup>st</sup> reading 7-16-2013  
Adopted 7-22-2013