

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 (typed)

Employee signature

Date

1st reading: 1-15-2013
Adopted: 2-12-2013
Revised: 3-14-2023