



**EMPLOYEE ACKNOWLEDGMENT OF DRUG AND ALCOHOL FREE WORKPLACE
PROGRAM STATEMENT AND NOTICE AND ADMINISTRATIVE REGULATION**

I acknowledge that I have received a copy of the Carson City School District’s Drug and Alcohol Free Workplace Program and Notice of Administrative Regulation, No. 225, effective February 12, 2008.

I understand that it is my responsibility to abide by the requirements of the Administrative Regulation and related Policy and to comply with the terms of the Policy and Administrative Regulation. I also understand that I can ask my supervisor or the Alcohol and Drug Testing Program Manager for clarification of matters not understood by me.

The current Program Manager is the Manager of Safety Services. Employees will be notified of any change in the Program Manager within fifteen (15) days of the changes and at the beginning of each school year.

Date

Employee Name (Please Print)

Employee Signature