

DRUG AND ALCOHOL TESTING PROGRAM ACKNOWLEDGMENT FORM

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

I understand that if I violate the Drug and Alcohol Testing Program policy, its supporting regulations or the law, I may be subject to discipline up to and including termination or I may be required to successfully participate in a substance abuse treatment program approved by the Board of Education. If I fail to successfully participate in a substance abuse treatment program as required by the district, I understand I may be subject to discipline up to and including termination. I understand that if I am required to successfully participate in a substance abuse treatment program and I refuse to participate, I may be subject to discipline up to and including termination.

I also understand that I must inform my supervisor of any prescription medication I use. I further understand that medical information and other drug and alcohol testing records and information about me are confidential and will be released only in accordance with this policy, its supporting regulations or the law.

(Signature of Employee)

(Date)

ADOPTED: 1/95

Reviewed: 5/5/00, 11/13/03, 1/8/09, 2/6/14, 12/10/20

EXHIBIT