



Pasco County Schools
OTETA ACKNOWLEDGMENT FORM

Name: _____ Employee ID: _____

Location: _____

Information for employees about the regulations and requirements of the Omnibus Transportation Employee Testing Act of 1991 (OTETA).

I acknowledge that I:

- 1) Understand that all employees in positions requiring a Florida Class A or B Commercial Driver License (CDL) are subject to drug and alcohol testing as required under the United States Department of Transportation Regulations and the Omnibus Transportation Employee Testing Act of 1991 (OTETA).
- 2) Was provided instruction to access the District's manual, *"Information for Employees Concerning Federal Drug and Alcohol Testing Program for Holders of Florida Class A or B Commercial Drivers' Licenses"*, available online.
- 3) Understand that the District's manual includes information about employee options and the consequences of violating OTETA regulations, which may include the recommendation for termination of employment.
- 4) Understand that I may obtain assistance or additional information by contacting the OTETA Program Manager at 813-794-2322.

Employee Signature

Date

Principal or Worksite Supervisor Signature

Date

When completed, send form to the OTETA Program Manager, Office for Employee Relations