



\_\_\_\_\_  
Employee Position

Instructional

Noninstructional

\_\_\_\_\_  
Employee Name (Please print)

\_\_\_\_\_  
Employee Worksite

\_\_\_\_\_  
Employee Social Security Number

\_\_\_\_\_  
Employee Personal Telephone Number

# Pasco's Reasonable Suspicion Drug Testing Program Acknowledgment Form

## Information for employees about Pasco's Reasonable Suspicion Drug Testing Program

I have received the following informational materials:

- 1) A copy of "Pasco's Reasonable Suspicion Drug Testing Program."
- 2) A "Drug and Alcohol Awareness" document containing information for employees covered by the program including standards of conduct related to drugs and alcohol and consequences for a violation of the program's provisions.

In addition, I have been provided the opportunity to ask questions about this information and given the name and title of the Program Manager(s) to whom I may address any additional questions I have.

\_\_\_\_\_  
Principal or Worksite Supervisor

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Note:** "Pasco's Reasonable Suspicion Drug Testing Program" effective date is September 1, 2008.