



Pasco County Schools  
**REASONABLE SUSPICION DRUG TESTING PROGRAM  
ACKNOWLEDGMENT FORM**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Location: \_\_\_\_\_

---

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

---

I acknowledge that I:

- 1) Have been provided instruction to access the District's "Drug and Alcohol Awareness" manual posted online.
- 2) Understand that the "Drug and Alcohol Awareness" manual contains 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.
- 3) Understand that district employees are subject to the Reasonable Suspicion Drug Testing Program and that employees who engage in prohibited drug/alcohol related conduct, as verified by the testing results, must be immediately removed from duty.
- 4) Understand that I may obtain assistance or additional information by contacting the Program Manager at the Office for Employee Relations, 813-794-2322.

---

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

---

\_\_\_\_\_  
*Date*

---

\_\_\_\_\_  
*Principal or Worksite Supervisor Signature*

---

\_\_\_\_\_  
*Date*