

SCHOOL DISTRICT OF WAUZEKA-STEUBEN
EMPLOYEE ALCOHOL AND DRUG TESTING
ACKNOWLEDGMENT AND ACCEPTANCE OF SUBSTANCE ABUSE POLICY

I _____, have read and understand the School District of Wauzeka-Steuben Policy Statement and hereby agree to abide by those terms. I understand that compliance with this policy is a condition of my continued employment with the Wauzeka-Steuben School District.

Employee _____ Date _____

Witness _____ Date _____

Adoption Date: 1/15/1996

Date Revised: 2/17/2025