

**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 Wauzeke-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 Wauzeke-Steuben School District.

Employee _____ Date _____

Witness _____ Date _____

Legal References:

Cross References:

Adoption Date: 1/15/1996

Date Revised: 3/17/2014

Date Reviewed: