



## **Receipt and Acknowledgement of Substance Abuse Policy**

I hereby acknowledge that I have received and read the Substance Abuse Policy and that I accept the provision set forth therein. I understand that under the Policy, I am prohibited from: manufacturing, using, possessing, selling, distributing, dispensing, or transporting illegal drugs or alcohol while I am on Company premises or during work hours, including breaks and meal periods; and from reporting to, or being at, work while under the influence of illegal drugs or alcohol.

I also understand that if I engage in any such conduct, I will be subject to disciplinary action, up to and including immediate discharge or I may be required to successfully complete a rehabilitation program as a condition of continued employment.

I further understand that I am required, at COMPANY's request, to submit to urinalysis and/ or blood test to detect the presence of illegal drugs or alcohol in the system and that a confirmed positive test result, or a refusal on my part to be tested, or any questionable results during the testing process may result in my immediate discharge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Associate Signature