

Employee Acknowledgement Form
Drug-Free Workplace Policy Statement

Lone Star School District 101

I, The undersigned employee of Lone Star School District #101, have received a copy of the Drug-Free Workplace Policy and Tobacco Free Schools:

1. I agree to abide by the terms of the policy.
2. I agree to notify my supervisor if I am convicted of violating a criminal drug statute in the workplace no later than five days after the date of such conviction.

Employee Name (Typed)

Employee Signature

Date

Adopted: May 19, 1989
Revised: December 7, 1991

Lone Star School District 101, Otis, Colorado