

EMPLOYEE ACKNOWLEDGEMENT FORM
Alcohol and Drug-Free Workplace

I, THE UNDERSIGNED EMPLOYEE OF Centennial BOCES, have received a copy of the Alcohol and Drug-Free Workplace policy and:

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 (5) days after the date of such conviction.

Employee Name (printed): _____

Employee Signature

Date

Revised: January 18, 2018
Reviewed: CASB 2005
Adopted: June 16, 1998
Centennial BOCES