

**Employee Acknowledgment Form**

**Drug-Free Workplace Policy Statement**

**Telluride School District**

I, the undersigned employee of the Telluride School District have received a copy of the 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 days after the date of such conviction.

\_\_\_\_\_

Employee name (printed)

\_\_\_\_\_

Employee signature

\_\_\_\_\_

Date

**Adopted by the Telluride Board of Education June 30, 1999**