

## Employee Acknowledgment Form Alcohol and Drug Free Workplace

San Juan County School District #1  
Silverton Public School

I, THE UNDERSIGNED EMPLOYEE OF THE SILVERTON PUBLIC SCHOOL, 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 days after the date of such conviction.

\_\_\_\_\_  
Employee name (typed)

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

*Adopted December 2004  
San Juan County School District #1, Silverton, Colorado  
Modified 12/2014*