

ACKNOWLEDGEMENT OF RECEIPT

OF

DRUG – FREE WORKPLACE POLICY

Signing this form acknowledges that the employee has received a copy of the Village’s drug-free Policy, has had the opportunity to discuss the Policy and have questions answered, and understands all of the provisions in the Policy. Although it reflects the Village’s current Policy regarding substance use, it may be necessary to make changes from time to time to best serve the needs of our organization. However, any changes deemed necessary will be made in writing, and the modified Policy will be shared with every employee.

By my signature below, I acknowledge that I have received a copy of the drug-free Policy of the Village. I understand that it is my obligation to read, understand and comply with the procedures and provisions contained within this Policy.

Date Signed

Employee Signature

Witness Signature

Printed Name of Employee