

**Employee Acknowledgment Form
Alcohol and Drug-Free Workplace**

South Central BOCES

I, THE UNDERSIGNED EMPLOYEE OF South Central 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 days after the date of such conviction.

Employee name (Printed)

Employee signature

Date

(Issue date: September 10, 2014)