

# Acknowledgment of Employer's Drug and Alcohol Policy Template



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## Employee Information:

- Employee Name: [Employee's full name]
- Employee ID: [Employee's identification number]
- Position/Title: [Employee's job title]
- Date of Acknowledgment: [Date of signing the acknowledgment]

## Policy Acknowledgment:

I, [Employee's Name], acknowledge that I have received, read, and understood the Employer's Drug and Alcohol Policy as outlined in the employee handbook. I agree to adhere to the terms and guidelines set forth in the policy while employed by [Company Name].

## Policy Highlights:

- 1. Prohibited Substances:** I understand that the use, possession, sale, or distribution of illegal drugs, controlled substances, or alcohol is strictly prohibited on company premises, during work hours, or while representing the company.
- 2. Impairment:** I am aware that coming to work under the influence of drugs or alcohol is prohibited and poses a risk to my safety, the safety of my colleagues, and the quality of my work.
- 3. Prescription Medications:** I acknowledge that if I am using prescription medications that may impair my ability to perform my job safely, I am responsible for notifying my supervisor and HR department.
- 4. Testing and Searches:** I understand that the company may conduct drug and alcohol testing as required by law or in accordance with company policy. I agree to comply with such testing when requested.
- 5. Consequences:** I am aware that violation of the Drug and Alcohol Policy may result in disciplinary action, up to and including termination of employment.
- 6. Confidentiality:** I understand that any information related to drug and alcohol testing and policy violations will be treated confidentially.

## Employee Signature:

By signing below, I acknowledge that I have read and understood the contents of the Employer's Drug and Alcohol Policy and agree to comply with its terms.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Company Representative's Signature:

I acknowledge that the above employee has received and understood the Employer's Drug and Alcohol Policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_