

PLEASE RETURN SIGNED/DATED FORM TO CENTRAL OFFICE

GBEC
(Exhibit)

DRUG FREE WORKPLACE POLICY RECEIPT

I, _____, have

received a copy of the Drug-Free Workplace Policy of the Alva Independent School District #001. I understand the unlawful use, possession, distribution, manufacture or sale of controlled dangerous substances shall not be tolerated by the Board of Education. I also understand the Board of Education shall not tolerate the use of, or being under the influence of, alcoholic beverages (including 3.2 beer) by an on-duty employee. I further understand that any employee who violates this policy will be subject to disciplinary action which may include employment termination.

Signature of Employee

Date

