

**Employee Acknowledgement Form
Drug-Free Workplace Policy Statement**

St. Vrain Valley School District

I, THE UNDERSIGNED EMPLOYEE OF St. Vrain Valley School District, have received a copy of the 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

Revised June 11, 2008

St. Vrain Valley School District RE-1J, Longmont, Colorado