

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

**NORTH CONEJOS SCHOOL DISTRICT RE1-J**

I, THE UNDERSIGNED EMPLOYEE OF \_\_\_\_\_, 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.

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Employee name (printed)

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Employee Signature

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Date