

Confirmation of Understanding  
**District's Drug and Alcohol Testing**  
*(please read and sign below)*

This signed document is part of the official personnel file for the individual employee who has signed below.

- I certify that I have read and understand the attached HROG Guidelines related to Commercial Driver Drug and Alcohol Testing.
- I agree to use my commercial driver license (CDL) as a District employee and/or a District volunteer.
- I understand that using my CDL makes me subject to random Drug and Alcohol Testing as required by Federal regulations.
- I understand that if I decide to stop using my CDL as a District employee and/or a District volunteer it is my responsibility to give notice to Risk Management of the decision by e-mail or a signed letter. I further understand that I will be subject to drug and alcohol testing until this notice is received by Risk Management. I also understand that a notice received by Risk Management after I have been informed of required drug and alcohol testing is not valid.
- I understand that I will be subject to disciplinary action up to and including termination if I refuse to take a required alcohol or drug test upon notification.
- I understand that violations of this agreement may be considered a terminable offense according to policy.

I certify that I have read and understand the guidelines listed above.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name (Please Print)\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date:\_\_\_\_\_

Supervisor Name (Please Print)\_\_\_\_\_

College/Division and/or Department:  
\_\_\_\_\_