

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

LAKE COUNTY SCHOOL DISTRICT R-1

I, THE UNDERSIGNED EMPLOYEE OF Lake County School District R-1, have received a copy of the Drug-Free Workplace policy and:

1. I agree to abide 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

August, 2000

Lake County School District R-1, Leadville, Colorado