

**D.O.T. DRUG AND ALCOHOL TESTING POLICY
ACKNOWLEDGEMENT FORM**

I acknowledge that I have received a copy of the Anoka-Hennepin Independent School District #11 D.O.T. Drug and Alcohol Testing Policy. I have had an opportunity to read and ask questions regarding it. I understand my rights and responsibilities and how it applies to me as an employee. My failure to conform with this policy is in direct violation of the Federal Motor Carrier Safety Regulations and may result in discharge from employment.

Employee Signature

Date

Employee's Printed Name

Supervisor's Signature

Date

Supervisor's Printed Name

Anoka-Hennepin District No. 11
Coon Rapids, MN 55433
Adopted November 6, 1996