

ATTACHMENT D
Brainerd School District #181

ACKNOWLEDGMENT
DRUG AND ALCOHOL TESTING POLICY

I have received a copy of the Drug and Alcohol Testing Policy of Independent School District No. 181, Brainerd, Minnesota and have read it in its entirety.

The District's policy was provided to me:

- Upon adoption of the policy. (Employee).
- Upon my hire. (Job applicant/new employee).
- After receipt of my conditional job offer, before any testing if my job offer is contingent upon my passing of drug and alcohol testing. (job applicant).

Date: _____

Signature of Employee/Job Applicant

Printed Name