

**MECKLENBURG COUNTY PUBLIC SCHOOLS
EMPLOYEE ACKNOWLEDGMENT FORM
ALCOHOL AND DRUG POLICY**

I, _____, have read and understand the Mecklenburg County School Board's Policy 5-5.5 regarding Drug and Alcohol Testing for School Bus Drivers, and agree to comply with the policy provisions.

I further understand that failure to sign this document will be grounds for termination of my employment as a bus driver with the Mecklenburg County Public Schools.

I also understand that a copy of this signed acknowledgment form will be placed in my personnel file and that I will be provided a copy of the completed form and the provisions of the policy.

Name (Print): _____

Signature: _____

Date: / /

Witness: _____

Date: / /