

**ACKNOWLEDGMENT AND RECEIPT OF
BUS DRIVER DRUG AND ALCOHOL TESTING POLICY**

I, _____ have received a copy of the Aberdeen School District's Bus Driver Drug and Alcohol Testing Policy. I understand that the Policy is effective on [DATE] and will remain in effect until amended or withdrawn. I understand that I will be provided notice of any amendments to the Policy. I further understand and acknowledge that I am subject to the Policy during the term of my employment with the School District and that any violation may be grounds for discipline, including immediate termination.

I acknowledge that I have read or will read the Policy received this day, and that I will direct any questions to the person identified in the Policy or my immediate supervisor.

Signature of employee

Date

Printed Name



LEGAL REFERENCE:

ADOPTED: July 20, 2022

AMENDED: