

EMPLOYEE ACKNOWLEDGEMENT

My signature hereon acknowledges that:

1. I have received a copy of the Office of the Lieutenant Governor and Department of Culture, Recreation and Tourism's **Substance Abuse and Drug-Free Workplace Policy**;
2. I have read this policy;
3. I understand the content of this policy; and
4. I agree to comply with the terms and conditions of this policy.

I further acknowledge that compliance with this policy is a condition of my employment and continued employment.

EMPLOYEE'S NAME (PRINT)

EMPLOYEE'S SIGNATURE

AGENCY/OFFICE

DATE