

St. Clair County Community Mental Health
Acknowledgement of Employer's Drug & Alcohol Testing Policy

I acknowledge that I have received a copy of the anti-drug and alcohol misuse program policy mandated by the U.S. Department of Transportation (DOT) and the Federal Transit Administration (FTA) for all covered employees who perform a safety-sensitive function. **I understand that compliance with all provisions contained in the policy is a condition of employment.**

I further understand that the information contained in the policy dated _____ is subject to change, and that any such changes or addendums, shall be disseminated in a manner consistent with the provisions of 49 CFR Part 655.

Signature

Print Name

Date

cc: Personnel File
Employee
Administrative File