

**Employee Acknowledgement Form  
Drug-Free Workplace Policy Statement**

**Dolores School District RE-4A**

I, THE UNDERSIGNED EMPLOYEE OF DOLORES SCHOOL DISTRICT RE-4A,  
\_\_\_\_\_  
have received a copy of the Drug-Free Workplace policy and:

1. I agree to abide by the terms of the policy.
2. I agree to notify my supervisor if I am arrested or convicted of violating a criminal drug statute in the workplace no later than five days after the date of such arrest or conviction.

\_\_\_\_\_  
Employee name (typed or printed)

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

Dolores School District RE-4A, Dolores, Colorado