

**Employee Acknowledgment Form**  
**Alcohol and Drug-Free Workplace**

I, THE UNDERSIGNED EMPLOYEE OF EAST CENTRAL BOCES, have received a copy of the Alcohol and 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 convicted of violating a criminal drug statute in the workplace no later than five days after the date of such conviction.

\_\_\_\_\_  
Employee name (Printed)

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

\_\_\_\_\_  
Date

Adopted: June 17, 2015