

Frederick County Public Schools

PERSONNEL

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Appendix
Page 1**

Acknowledgement Form for Employees

ACKNOWLEDGEMENT FORM FOR EMPLOYEES

As a condition of my employment with Frederick County Public Schools, I certify the following:

1. I am aware of the school system's policy and regulations pertaining to an alcohol and drug-free workplace. I understand that I will be subject to disciplinary action, up to and including termination, for any violation of this policy and regulations, even if it is a first offense.
2. I agree to abide by the policy and regulations of Frederick County Public Schools with respect to maintaining an alcohol and drug-free workplace.
3. I agree to notify the Assistant Superintendent for Administration or Executive Director of Human Resources if I am convicted by a federal, state or local court of a violation of law occurring in the workplace involving an illegal drug, as those terms are defined in this policy and regulations. I agree to make such notification within five days of the date of such a conviction. I understand that failure to make such notification will subject me to disciplinary action up to and including termination.

Employee's Name (Printed)

Employee's Signature

Date

Adopted: July 2, 2018