

**DRUG-FREE WORKPLACE PROGRAM (DFWP) GENERAL NOTICE**

**Acknowledgement Form**

I acknowledge receipt of the Drug-Free Workplace Program (DFWP) General Notice, and have read its contents.

I understand that I may be tested when there is a reasonable suspicion to believe that I may be using illegal drugs, or as the result of a safety mishap, or as part of or follow up to rehabilitation.

I also understand that refusal to submit to testing will result in initiation of disciplinary action up to, and including, removal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name