

**EMPLOYEE ACKNOWLEDGMENT**

I, \_\_\_\_\_ acknowledge receipt of the Drug and Alcohol Program and agree to the conditions and rules as stated in the **Quality Electric** program. I further state that I am aware of the consequences for violating the rules, including revocation of driving privileges, referral to a substance abuse professional (SAP), and possible termination of employment.

I further acknowledge that April Stringfield is the point-of-contact within **Quality Electric** for questions about this policy and program.

Signed \_\_\_\_\_

Date \_\_\_\_\_