

Employee Acknowledgement of Drug and Alcohol Policy

I acknowledge by my signature below that I have received a copy of the Company's *Drug & Alcohol Policy*, effective January 2005. I understand that it is my responsibility to read the Policy in its entirety and that by signing below, I am agreeing to comply with the Policy requirements. I know that the Company's Drug & Alcohol Policy does not alter my status as an "at-will" employee.

Date: _____

Employee Name (Please Print)

Employee Signature