

**Employee Acknowledgement Form  
Drug-Free Workplace Policy Statement**

SWINK SCHOOL DISTRICT

I, THE UNDERSIGNED EMPLOYEE OF Swink School District, have received a copy of the 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 (typed)

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

\_\_\_\_\_  
Date

Swink School District #33, Swink, Colorado