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## EMPLOYEE DRUG & ALCOHOL TESTING ACKNOWLEDGEMENT

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PENNSBURY SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
134 YARDLEY AVENUE • P.O. BOX 338 • FALLSINGTON, PA 19058-0338  
[www.pennsbury.k12.pa.us](http://www.pennsbury.k12.pa.us)

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Dated: \_\_\_\_\_

I hereby acknowledge that I have received a copy of Pennsbury School District's Drug and Alcohol Policy and Procedures (School Board Policy 810.2), that I have read and fully understand its contents, that I understand I am subject to drug or alcohol testing, and that I may be disciplined or terminated for testing positive or refusing to cooperate in testing.

Name of Employee: \_\_\_\_\_

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Personnel File