

DRUG AND ALCOHOL POLICY ACKNOWLEDGMENT

I have read and been given a copy of The Episcopal Diocese of Alabama (The Diocese) policy on drugs and alcohol. I understand that as a condition of employment, I am subject to its provisions, and to changes that may be made in the policy from time to time. I further understand that my employer may conduct drug and alcohol tests and/or searches of the persons and belongings of its applicants and employees under the circumstances described in the policy. I hereby give my consent to The Diocese, my employer and the testing laboratory to release the test results to the Diocese, my employer and any medical review officer designated by my employer. I understand that if I refuse to submit to or cooperate with a blood or urine test after an accident, I forfeit any rights to recover Worker's Compensation benefits that I might have under Alabama Code § 25-5-51. I also understand that if I refuse to submit to or cooperate with a blood or urine test after an accident, and/or are found to be in violation of the Drug & Alcohol Policy, I will be subject to disciplinary action up to and including termination.

Employee/Applicant: _____

Date: _____