

EMPLOYEE ACKNOWLEDGMENT

THE CITY OF LAKE FOREST ALCOHOL AND DRUG POLICY

I, _____, hereby acknowledge receipt of a copy of the City's Alcohol and Drug Policy effective _____, __. I understand my responsibility for reviewing and adhering to this Policy. I further understand that this Policy is not a contract, an offer to form a contract, a guarantee of employment for any particular term, or a guarantee of any particular benefits, procedures, terms or conditions of employment. I also understand that this Policy supersedes and replaces any prior policy of the same subject matter.

EMPLOYEE SIGNATURE

EMPLOYEE PRINTED NAME

WITNESS

DATE