

Drug and Alcohol Testing Forms

PRE-EMPLOYMENT TESTING

I acknowledge that I have received a copy of the applicable Drug Free/Alcohol Free Schools Policy (03.13251 or 03.23251 and related administrative procedures 03.13251 AP.1 and 03.13251 AP.11).

I acknowledge that I am aware of the pre-employment drug testing requirement for those whom an offer of employment in the Mercer County School District has been extended, and permit the summary result to be transmitted to the Random Drug Testing Coordinator and the Superintendent.

Name (sign)

Name (print)

Date

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EMPLOYEE ACKNOWLEDGEMENT OF UNDERSTANDING FOR DRUG/ALCOHOL TESTING

I acknowledge that I have read the applicable Drug Free/Alcohol Free Schools Policy (03.13251 or 03.23251 and related administrative procedures 03.13251 AP.1 and 03.13251 AP.11). Drug Free/Alcohol Free Schools Policies are available at the Mercer County website, www.mercer.kyschools.us and a printed copy can be provided upon request from the Mercer County Central Office.

I understand that the Board randomly drug and alcohol tests all employees in safety sensitive positions and that I may be selected at random for a drug and/or alcohol test if I am in a safety sensitive position. Furthermore, I acknowledge and understand that additional safety sensitive duties may be assigned at any time during the school year that may include: safety-related needs of the students, directly or indirectly, supervision or assistance of students, and implementation of school and district student-related safety protocol. (See Board Policy 03.13251/03.23251)

I understand that the Board may also require that I be tested for drugs or alcohol at any time if Board officials have reason to believe that I am under the influence of illegal drugs or alcohol. I authorize the release of the results of the test to authorized officials of the Board and its designated or professional representatives.

I recognize that if I test positive for illegal drugs or alcohol or adulterate a test sample, I will be subject to discipline up to and including termination of my employment. I also understand that my failure or refusal to cooperate fully and participate in the Board’s drug and alcohol testing program, sign any required document, or submit to a drug or alcohol screening test if I am selected I will be subject to discipline up to and including termination of my employment..

Name (Sign)

Name (Print)

Date

Review/Revised:3/17/2016