

DRUG-FREE POLICY ACKNOWLEDGMENT

I, _____, acknowledge and understand Ohlone College's requirements regarding the maintenance of a drug-free workplace. I realize that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited at my workplace. I understand that violating those prohibitions can subject me to disciplinary action (consistent with local, state or federal law), which may include referral to an appropriate rehabilitation program, suspension, demotion, expulsion or dismissal.

Signature

Date