

**Employee Acknowledgment Form  
Drug-Free Workplace**

**Fremont RE-2 School District**

I, THE UNDERSIGNED EMPLOYEE OF Fremont School District RE-2 have received a copy of the Drug-Free Workplace policy and:

1. \_\_\_ I agree to abide by the terms of the policy.
2. \_\_\_ I agree to notify my supervisor if I am convicted of violating a criminal drug statute in the workplace no later than five days after the date of such conviction.

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Employee name (printed)

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Employee signature

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Date

Issued: May 2007  
Reviewed: CASB Overhaul 2014