

# Drug-Free Workplace Agreement Form

Employee Name:

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Job Title:

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Department:

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## Agreement

I acknowledge that I have received, read, and understand the company's Drug-Free Workplace Policy. I agree to comply fully with all terms and conditions as a requirement of my employment.

I understand that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace, and that violation of this policy may result in disciplinary action, up to and including termination of employment.

Employee Signature:

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Date:

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Supervisor/Witness:

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Date:

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