

18. Drug and Alcohol-Free Workplace Policy and Procedure

APPENDIX C

Acknowledgement and Consent

I acknowledge that I have received and understand Company's Drug Free Workplace Policy (the "Policy").

I agree to comply with Company's Policy on drugs and alcohol and understand that failure to comply is grounds for disciplinary action, up to and including termination.

I voluntarily consent to submit to drug and/or alcohol testing as outlined in Company's Policy.

I consent to provide specimens at the assigned collection site(s) and further consent to have urine, breath, saliva/oral fluid, and/or hair specimens tested for drugs, alcohol and/or controlled substances (and their metabolites) at a certified laboratory in accordance with applicable state law. I understand that submission to such testing is a condition of my employment and that immediate disciplinary action, up to and including discharge, will result from a violation of the Policy. I understand that I have the right to refuse drug and/or alcohol testing, however, any such refusal is a violation of the Policy and shall result in immediate termination of employment.

I further consent to and hereby authorize the release of such test results to the Company's personnel who have a business need to know the results (as permitted under the ADA and applicable state law), and to use such results for the purpose of the Company's drug and alcohol testing program. In order to provide information to the Company, I agree to execute authorizations, release forms, or other documentation as may be required under federal, state, or local law, including but not limited to, the Substance Abuse regulations codified at 42 C.F.R. Part 2 and the Privacy Regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996.

I understand and agree that nothing contained in this Acknowledgement and Consent or in the Company's Drug Free Workplace Policy shall be considered an employment contract for a definite term or otherwise alter the at will relationship.

I have freely and voluntarily signed this Acknowledgment and Consent with full knowledge of its significance. I acknowledge this Acknowledgment and Consent shall have and be in full force and effect unless and until I revoke this Acknowledgment and Consent in writing.

Employee Name

Date

Employee Signature

THIS DOCUMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT