

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 406.3.5.1P Adopted February 2015 Revised _____

Title **Pre-test Acknowledgement Form for Employees Not Performing Duties Requiring a Commercial Driver's License (CDL)**

Date _____

I, the undersigned employee of Independent School District 196, do hereby acknowledge that I have been provided a copy of:

- **Policy 406**, Section 3, Chemical-Free Workplace; and
- **Administrative Regulation 406.3.5AR**, Alcohol and Drug Testing of Employees Not Performing Duties Requiring a Commercial Driver's License (CDL).

Signature of employee _____

Typed or printed name of employee _____

Employee number _____