

**CITY OF WHITING
ACKNOWLEDGEMENT OF RECEIPT OF
SUBSTANCE ABUSE TESTING PROGRAM**

I, _____, hereby acknowledge that I have received a copy of the City of Whiting's Substance Abuse Testing Program ("Program").

In conjunction with my receiving a copy of the Program, I further acknowledge the following:

1. I have read the Program and fully understand the terms contained therein and the consequences for violation any term of the Program.
2. I understand that my compliance with all terms of the Program is a condition of my employment with the City of Whiting, and I agree to abide to all terms of the Program.
3. If a Post-Accident drug test is required under the Program and I am seriously injured and unable to provide a specimen at the time of the accident, then this Acknowledgement shall be considered my authorization for the City of Whiting or its designated representative to obtain hospital reports and other documents which would indicate whether there was any controlled substances and/or alcohol in my system.
4. I authorize the collection site, laboratory and/or medical review officer retained by the City of Whiting to perform any and all functions which these entities and/or individuals may be required to perform pursuant to the applicable Federal Department of Transportation Regulations. Such authorization shall include, but is not limited to, the release of test result information to the City of Whiting, verification of the use of prescribed medications, obtaining information from my physician, hospital, dentist, or pharmacist and the reporting of negative test results with a qualifying statement in cases wherein I may be taking a legally-prescribed Schedule II drug.
5. I hereby release and hold harmless the City of Whiting and its employees and agents from any liability whatsoever which may arise from the procedures and implementation of this Program.
6. I am aware that violations of the policy may result in disciplinary action, up to and including termination.
7. I am further aware that there is an appeal process to the policy which I am entitled to use if necessary.

Employee's Signature

Date

Witnessed By

Title

Date

City of Whiting