

**Acknowledgment of Receipt
OP-110602 entitled
“For-cause Drug and Alcohol Testing Program”**

My signature below acknowledges receipt of a copy of the above titled agency Operations Memorandum or Addendum and that it is my responsibility to review its contents and comply with any instructions/directives contained therein.

_____ Policy Effective Date	_____ Employee Number	_____ ID	_____ Printed Name
_____ Employee Signature			_____ Date

Please return this completed form to your facility/unit human resources office.

Distribution: Original to personnel file

(R 02/22)